

SMALL ACTS, BIG IMPACT

NYITCOM CHAPTER OF THE
GOLD HUMANISM HONOR SOCIETY



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TABLE OF CONTENTS

The First Patients We Forget.....	Page 6
By: Umar Mian (Class of 2028, NYITCOM–Old Westbury)	
Being Present.....	Page 8
By: Athena Ramona Baronos (Class of 2028, NYITCOM–Old Westbury)	
Where Care Begins.....	Page 10
By: Shreya Nagarajan (Class of 2029, NYITCOM–Old Westbury)	
What A Bottle of Nail Polish Taught Me.....	Page 12
By: Evelyn George (Class of 2029, NYITCOM–Jonesboro)	
The Gift of Presence.....	Page 14
By: Michelle Gendin (Class of 2028, NYITCOM–Old Westbury)	
Rural Roots.....	Page 16
By: Brittany Hanna (Class of 2028, NYITCOM–Jonesboro)	
Who Deserves A Smile.....	Page 18
By: Yinxue Linsey Zhao (Class of 2028, NYITCOM–Old Westbury)	
Small Acts.....	Page 20
By: Bernadette Riley, D.O., M.S. (Faculty/Staff, NYITCOM–Old Westbury)	
Blessings.....	Page 21
By: Matthew Kaplan (Class of 2028, NYITCOM–Old Westbury)	
Just A Name.....	Page 23
By: Naba Khan (Class of 2027, NYITCOM–Old Westbury)	
Not Numbers.....	Page 25
By: Savanna Macchio (Class of 2026, NYITCOM–Old Westbury)	
Healing Through Humility: Lessons From Remediation.....	Page 26
By: Scarlett Saitta (Class of 2029, NYITCOM–Jonesboro)	
Still Carrying Hope.....	Page 27
..By: Tanzila Chowdhury (Class of 2028, NYITCOM–Old Westbury)	
A Pause On The Sidewalk.....	Page 30
By: Aisley George (Class of 2029, NYITCOM–Jonesboro)	
A Story I Can Tell.....	Page 31
By: Genat Haimed (Class of 2028, NYITCOM–Old Westbury)	
Short Steps, Strong Hope.....	Page 32
By: Gia Cricchio (Class of 2027, NYITCOM–Old Westbury)	
Uncharted Silence.....	Page 33
By: Katsiaryna Milashevich (Class of 2027, NYITCOM–Old Westbury)	
Quiet Light.....	Page 34
By: Michelle Zhang (Class of 2027, NYITCOM–Old Westbury)	
Everything Is Actually Tuberculosis.....	Page 35
By: Mishal Rahman (Class of 2028, NYITCOM–Old Westbury)	
Saved.....	Page 37
By: Kriss Benito Arokiaraj (Class of 2027, NYITCOM–Old Westbury)	
In The Language That Keeps Them Whole.....	Page 38
By: Vineet Vishwanath (Class of 2026, NYITCOM–Old Westbury)	
Staying.....	Page 39
By: Vineet Vishwanath (Class of 2026, NYITCOM–Old Westbury)	
Rock Steady.....	Page 41
By: Anna Do (Class of 2028, NYITCOM–Jonesboro)	
Holding Hope.....	Page 42
By: June Dunwald (Class of 2027, NYITCOM–Jonesboro)	
Rainbow Fish.....	Page 43
By: Lauren Rudin (Class of 2027, NYITCOM–Old Westbury)	
The Art of Teaching.....	Page 44
By: Mahak Sharma (Class of 2028, NYITCOM–Jonesboro)	
Quiet Compassion.....	Page 45
By: Sukriti Das (Class of 2028, NYITCOM–Old Westbury)	
Invisible String.....	Page 47
By: Adil Ansari (Class of 2027, NYITCOM–Old Westbury)	
Change.....	Page 48
By: Caroline Wang (Class of 2029, NYITCOM–Old Westbury)	
Evolve.....	Page 49
By: Megha Schmalzle (Class of 2027, NYITCOM–Old Westbury)	
One Little Message.....	Page 50
By: Samarah Ahmed (Class of 2029, NYITCOM–Old Westbury)	
Red Mitten.....	Page 51
By: Nisansa Perera (Class of 2028, NYITCOM–Old Westbury)	

A LETTER FROM THE EDITORS:



Welcome to the annual edition of NYITCOM's Gold Humanism Honor Society Newsletter! We are excited to present our theme: Small Acts, Big Impact.

In this issue, we highlight the meaningful moments in medicine that often go unnoticed but leave lasting impressions on patients, colleagues, and our communities. Whether it is a kind word during a difficult encounter, a moment of patience when someone feels unheard, or a simple gesture of support, these acts remind us that humanism in medicine is often expressed through the smallest actions.

The reflections and creative works in this newsletter explore how compassion, empathy, and attentiveness shape the experiences we share in healthcare. They remind us that the practice of medicine extends far beyond diagnoses and treatments. It lives in the everyday interactions that build trust, restore dignity, and foster connection between physicians and those we care for.

We hope this issue encourages readers to reflect on the power of small acts and the profound impact they can have on others. As future physicians and members of the medical community, these moments help define the kind of healers we strive to become.

We would like to thank our authors for their thoughtful and heartfelt contributions that bring this theme to life. We are also grateful to our faculty advisor, Dr. Karen Sheflin, and the NYITCOM ATG department for their support in bringing this newsletter to publication.

Savanna Macchio, Alexander Giudice, and Julie Ochs
Editors

The background features a stylized, muted illustration of a stack of books. The books are depicted with various shades of beige and light brown, showing their spines and pages. The title 'SHORT STORIES' is centered over this background in a large, black, serif font.

SHORT STORIES

THE FIRST PATIENTS WE FORGET

By: Umar Mian

We met our first patients before even having the luxury of owning a white coat that actually fit snug, and we quickly began to forget their names.

They waited for us under clean sheets in the anatomy lab, the cold air pungent with the smell of formaldehyde. At first, we moved slowly, each incision made carefully, almost surreptitiously. Someone whispered “thank you” before the first cut. We all fell silent. We did not yet know the language of medicine, but reverence came easily.

By the third week, reverence had begun to compete with routine. Dissection turned to prosection, prosection to checklists. We came and went from the lab between lectures, tracing origins and insertions more often than we looked at the face we had once uncovered with trembling hands. The cadavers were no longer “our donors,” but “our textbooks.” We learned the muscles of facial expression, but forgot the underlying face.

I told myself that forgetting was efficiency, that compartmentalizing meant adapting. Everyone said the same: “You get used to it.” And we did. We learned to eat lunch after lab, to talk through the smell, to joke about how many structures were on the lab’s checklist. We learned the body, but we started to lose the person who had made that learning possible.

If the cadavers were our silent first patients, a few weeks later we met our simulated patients.

They introduced themselves as “standardized patients,” although we referred to them as “SPs.” They were alive, breathing, and warm. Their job included teaching us communication and empathy, though at the time, all I could feel was anxiety. My pulse spiked before each encounter. I worried about saying the wrong thing, but mostly I worried about missing a checklist box. I treated the encounter as an obstacle to pass, forgetting that there was a person on the other side of my performance.

Upon hearing, “The simulated encounter is now over,” I’d exhale, the SP now emerging as a colleague rather than an assessment score. I nodded, smiled, and listened to their gentle feedback, rarely remembering their name afterward.

They were the first people to call me “doctor,” even when I didn’t deserve it. And like the cadavers, they taught me something real, something embodied, something that required vulnerability.



"The First Patients We Forget" explores the earliest individuals who teach us medicine, specifically the cadavers and standardized patients who can all too easily fade into the background of checklists and exams. What begins as deep reverence in the anatomy lab slowly becomes a routine. Before long, the donor is inadvertently treated like a "textbook" rather than a person. Similarly, standardized patients risk becoming another hurdle to pass, even as they offer us their time, stories, vulnerability, and, most of all, feedback for our professional growth and development. Then, a small yet profound moment occurs when a standardized patient thanks the narrator for listening, revealing that the encounter mattered to her as a real person, not just an assessment. This realization leads the narrator to intentionally and sincerely thank his subsequent standardized patients, a quiet act that reshapes his understanding of gratitude and humanism in medicine. The piece shows how a simple "thank you," combined with a deliberate effort to remember the people behind our training, can have a lasting impact on who we will one day become as physicians. It argues that small acts of seeing and acknowledging others can counteract the dehumanizing pressures of medical education, and in this way, the story embodies "Small Acts, Big Impact" by showing how one small shift in attention and gratitude can transform the foundation of a medical student's identity.



Yet, I treated them like another practical skills assessment, another obstacle to pass, another performance to get through. They followed scripts, and yet, behind each line was a real person lending their presence and patience to our learning. They allowed us to rehearse empathy, even when our delivery was clumsy or detached. What they gave us was not just a performance; it was the space to practice being human before we had ever met a real patient.

During one of our final sessions that semester, an SP smiled at me as we finished. I had just completed her physical exam, my hands still shaking. At any moment, the dreaded “time’s up” announcement would come on, but I made it through the checklist. “Thank you for taking the time to listen,” she said softly, as if she meant it. I froze. I spent the entire encounter anxious to hit as many “check marks” as possible, all so I could pass. It had not occurred to me that she had experienced the encounter too.

That night, as I packed away my white coat, I thought about the face I could not remember, the one in the anatomy lab. The skin, the silence, the permanence of that donation. Then I thought about the SP’s living face, how I held eye contact as a means to satisfy a checklist item, but failed to actually see her. Both had given me what I truly needed to begin learning medicine, and yet I thanked neither with true humility.

The cadaver and the SP. One without a voice, one performing one. Both unseen beyond their function.

At the next clinical skills assessment in the spring, when it ended, I said thank you to the SP, this time, genuinely. They smiled, likely oblivious to how I would carry that moment with me, a small correction in how I wanted to move through medicine.

It was such a small thing: just a few words. Yet, it rewired something in my understanding of medicine.

These early encounters, both silent and simulated, had formed the scaffolding of who we were becoming. Forgetting them was easy; remembering them was the work.

I used to think the hardest part of becoming a doctor would be retaining the vast amount of information taught to us. Now I think it might be remembering what it means to see the people who make retaining that information possible. The cadaver who gave their body. The SP who gave their time. The countless others we will meet who will vulnerably share their stories with us.

We are taught to listen for heart sounds, but in the noise of training, we often stop noticing the quiet rhythm of gratitude that exists beneath it all.

The anatomy of empathy, I think, begins here: with the first patients we forget, and the small act of learning to remember them again.

Umar Mian is a second-year medical student at the New York Institute of Technology College of Osteopathic Medicine in Old Westbury, New York. He earned his B.S. in Biological Sciences from Fordham University and will matriculate into the NYIT School of Management MBA program in the Summer of 2026, with the goal of combining a career in Emergency Medicine with leadership in health systems and work in health policy. Umar is currently a clinical research intern at the Center for Human Reproduction in New York City and is also involved in projects with the NYITCOM Center for Health Policy and the Department of Osteopathic Manipulative Medicine. Before medical school, he worked as a senior medical scribe in an urgent care, a fertility clinical coordinator, an endocrinology medical assistant, and a volunteer EMT, experiences that shaped his commitment to compassionate, accessible care in high-pressure settings.

BEING PRESENT

By: Athena Ramona Baronos

My grandmother was a central part of my life. From the time I was a little kid until I could drive myself, she picked me up from school every day. We had a very close bond; So many of the qualities I have today are reflections of her, and so much of what I learned about compassion, strength, and presence came directly from her.

When I was in middle school, she had a heart attack. I still remember seeing her after her surgery with such clarity. She was lying in a dimly lit hospital room, wearing a hospital gown, surrounded by the tangled wires of her leads and the lines from her IVs. I felt so nervous that I did not know what to do or say. This was a woman I had seen almost every day of my life, someone I never hesitated around, someone I could be completely myself with, and suddenly I found myself unable to get a single word out. I did not know how to act. I did not want to say the wrong thing, in fear that it could make her upset. I did not want her to see my own pain, worrying that it could cause her more. I did not know where to stand, where to touch, or how to act. There was so much uncertainty and discomfort, and I just wanted to be there for her in the right way.

During my senior year of high school, I took a course on hospice care. I enrolled without thinking anything special of it; My older sister had taken it, so I figured I would too. But it ended up being unlike any other course I had taken. We learned the technical aspects of hospice care: what hospice is, the physical changes that occur as a person nears the end of life, and how to perform tasks, such as bed baths and repositioning. More importantly, we learned how to be

present with someone: how to actively listen, how to sit with someone in their most vulnerable moments, and how to truly be there when a person is dying.

As part of the course, we volunteered in comfort-care homes, which accommodate two patients at a time and provide 24/7 care. I cherished my time volunteering. I made connections with the residents and the other volunteers. I assisted with repositioning residents and giving bed baths, but most of all, I listened. They shared stories about their careers, their spouses, their children, and the life events that shaped them. They asked me about my life, my interests, and dreams for the future. I began to see the significance of giving someone space to share their story and the profound impact that simple presence can have.

However, I did not fully grasp the impact of holding space with someone at the end of their life until a few months after finishing the course, when my grandmother's kidney failure worsened.

During the summer, she was hospitalized for dialysis and my sister and I would visit her every day. It was still uncomfortable to see her in pain. There was still hesitation, but I learned how to sit with the discomfort. I learned that there was not a "correct" word to say or action to take. I reminded myself sitting by her bed and holding her hand was enough to provide her comfort, just like it had for the residents in the comfort-care home. And so, I did just that. I sat with her. I talked with her. I listened. One day, we were told she was stable enough to go home the next day.

BEING PRESENT

By: Athena Ramona Baronos



It felt like any other day, we followed our routine of going to the hospital, sitting next to her, catching her up on anything in our lives, and commenting on the show playing on the TV. Most of it was spent sitting by her and keeping her company until she was taken to her dialysis treatment. She passed away that day.

Looking back, I realize how much those moments meant to me, to my family, and to her. My mom, who had to work and could not take time off, found relief in knowing that on the last day of my grandmother's life, she was not alone. The comfort of knowing her mother spent her final hours surrounded by support and presence is something that brought our whole family healing. I treasure the silent moments beside her bed to this day six years later. She taught me that when you are caring for someone, you are caring for a human being. You are caring for a grandparent, a friend, a sibling, a parent. It is easy to get caught up with the clinical aspects of different cases in medicine. But we are not just treating a 75 year old patient presenting with end stage renal disease. We are treating a 75 year old grandmother whose granddaughter spent the whole day beside her. We are treating a 75 year old mother who's daughter wished she could be beside her but has to work to help support her kids and pay medical bills. One of the most important, yet simplest, gestures we can do, is being present with our patients to show them that we are treating the human, not the disease.

"In "Being Present," I tell a story about my experiences with my grandmother and learning about hospice care. My submission embodies the theme, "Small Acts, Big Impact," since through these experiences, I learned how simple acts of active listening and holding space, whether it was in a comfort-care home or by my grandmother's hospital bed, allowed for comfort, connection, and healing. I learned that it's not about doing or saying the right things, but instead being present for those during the toughest moments of their lives."

Athena Ramona Baronos was born and raised in Rochester, NY and graduated from the University of Rochester in 2023 with bachelor's degrees in biology and classical civilizations and minors in chemistry and psychology. During her time at the University of Rochester, she founded a student organization, HOPE Edu, to teach undergraduate students about end-of-life care. She is currently a medical student at the New York Institute of Technology College of Osteopathic Medicine. In her second year of medical school, she was a peer tutor and a mentor to first year students. This year she is in a research concentration between her preclinical and clinical years, working with an anatomy professor and writing a book on comparative anatomy.

Where Care Begins

By: Shreya Nagarajan

On my first day as a Patient Care Technician in the Interventional Radiology department, I met my mentor, Michael. I knew very little about the operating room, and even less about my place within it. What I did know was that from 7:30 a.m. to 4:00 p.m. each day, I wanted to give my all into becoming a talented Patient Care Technician. Luckily, I was in the right hands.

I followed Michael like a shadow. Watching him prepare the operating room, handling the ultrasound with ease, quickly attending to the surgeon's needs, reviewing charts efficiently, and coordinating lab tests without hesitation.

What stood out to me was his way of softening the sterile edges of the room with conversation. He asked the patients about home, hobbies, and the lives waiting for them beyond the hospital doors. He remembered names and stories, and would even play their favorite music to let familiar melodies ease the anxiety. I smiled as he told patients about his farm: the chickens, the goats, the plans to expand. Michael not only checked in with patients, but also with every nurse and surgeon we worked with. The operating room felt less like a site of intervention and more like a place of trust.

As I grew more comfortable reviewing patient charts and setting up equipment efficiently, Michael noticed my enthusiasm and offered me a meaningful step forward: the opportunity to scrub into my first procedure independently. I was nervous, but I tried to channel Michael's spirit as I worked. I introduced myself to the patient and asked where they were from, letting the conversation unfold naturally as I prepared the surgical site. I anticipated the surgeon's needs, ensured the ultrasound was ready, coordinated with the nurse for medications, and stayed attentive throughout the procedure. When the abscess drain was completed successfully, I documented the surgical materials and patient details carefully, aware that every step mattered.

Afterward, I walked into the office and met Michael's eyes. He gave me a high-five and simply said, "I knew you'd crush that." His encouragement motivated me to strive for excellence.



"Where Care Begins" illustrates how small acts of mentorship can profoundly shape professional identities in healthcare. Through patient-centered gestures and empowering guidance, my mentor transformed the operating room into a space of trust for me, the patients, the surgeons, and the nurses. His steady encouragement and simple affirmation during my first independent procedure instilled confidence that extended far beyond technical skill. Observing his presence taught me that excellence in healthcare is rooted not only in competence, but in kindness to everyone you work with. I carried this lesson forward into my future endeavors, where I supported new trainees by listening, offering patience, and prioritize fostering positive work environments. These moments required attentiveness, encouragement, and belief in others' potentials. Everyone who enters healthcare is driven by a shared commitment to serve patients, yet sustaining that commitment requires supporting one another. We must uplift one another through challenge and teach where guidance is needed. My mentor demonstrated how small acts behind the scenes can leave lasting impacts on individuals, teams, and the care we ultimately provide.



Where Care Begins

By: Shreya Nagarajan

Michael's mentorship did more than teach me how to be a skilled technician. It shaped the kind of physician I hope to become. He taught me that mentorship in healthcare is not about instruction alone, it is about presence. About seeing potential before it is fully formed and giving it room to breathe.

I carried this lesson into my next role as a research technician. When new undergraduate and master's students joined our lab, I worked intentionally to support them by listening to their interests and letting them grow into their roles. One student was particularly fearful of working with rodents (as was I initially), yet she showed up every day determined to learn. Recognizing her perseverance, I invited her to assist me closely, offering guidance while allowing her to practice at her own pace. Over time, her confidence blossomed. My supervisor later commented on the supportive rhythm I created in our lab, encouraging me to continue mentoring with patience and trust, as it did not go unnoticed.

Michael likely never realized the extent of his impact in my career. But his small acts of training me with patience, steadiness, and kindness altered the trajectory of my professional identity.

He helped me break out of my shell to talk to co-workers, patients, and other staff members with ease. I learned to build positive and supportive environments in my research lab, in hospitals, volunteering, and especially in medical school. I have become more attentive to the needs of my peers and patients to bolster a trusting relationship. Most importantly, he taught me that kindness in healthcare begins with how we support one another behind the scenes.

To me, excellence in patient care cannot be achieved in isolation. It is rather cultivated through collective effort, mutual trust, and a shared sense of responsibility. We all play a role in someone's life as a mentor in healthcare, whether it be for two weeks in the summer or years as a co-worker. Michael taught me the importance of creating space to make mistakes, draw inspiration, and grow into confident, capable providers. When healthcare professionals foster and uplift one another, that culture of support extends naturally to the patients we serve.

Shreya Nagarajan is a first-year osteopathic medical student with training in neuroscience, fine arts, and clinical research. Her work is driven by a commitment to preventative health, nutrition, and holistic medicine. Raised between India and the United States, she brings a bicultural perspective to addressing global health inequities and access to care. She seeks to integrate research, advocacy, and creative practice into her future clinical practices.

WHAT A BOTTLE OF NAIL POLISH TAUGHT ME

By: Evelyn George

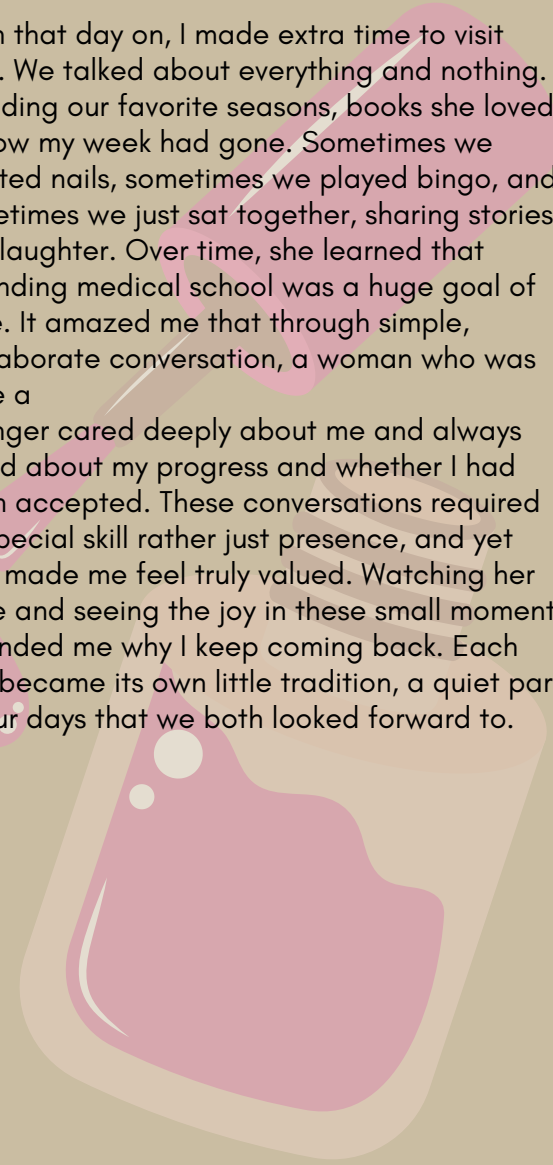
The first thing I learned while volunteering at the nursing home was that joy doesn't have to be loud. Sometimes, it comes in the form of a bingo card carefully covered with game coins, a scoop of vanilla ice cream on a paper plate, or a quiet afternoon spent painting nails. Since high school, I've helped organize these small activities. These events are what the residents circle on their calendars. For them, these moments are more than entertainment. They are brief escapes from the weight of no longer living independently, reminders that their days can still hold novelty, laughter, and connection.

One afternoon during a nail-painting event, I met Pam.

I pulled a chair next to her wheelchair, introduced myself, and picked up a bottle of turquoise polish. As I painted her nails, Pam began telling me stories about her childhood. She loved walking to school with her friends each morning, laughing along the way, and stopping at her dad's candy shop on the walk home. She described the treats she loved most and how much joy those trips and interactions brought her each day. Her face lit up as she spoke, her memories unfolding with vivid detail. When she finished, she turned the conversation to me. She asked what I did, how school was going, and even what I had for lunch that day.

That question stayed with me. It wasn't curiosity about the food. It was curiosity about life beyond the walls of the nursing home. In listening to my ordinary details, Pam was momentarily transported somewhere else. I realized that what I saw as small talk was, for her, a window to the world.

From that day on, I made extra time to visit Pam. We talked about everything and nothing. Including our favorite seasons, books she loved or how my week had gone. Sometimes we painted nails, sometimes we played bingo, and sometimes we just sat together, sharing stories and laughter. Over time, she learned that attending medical school was a huge goal of mine. It amazed me that through simple, unelaborate conversation, a woman who was once a stranger cared deeply about me and always asked about my progress and whether I had been accepted. These conversations required no special skill rather just presence, and yet they made me feel truly valued. Watching her smile and seeing the joy in these small moments reminded me why I keep coming back. Each visit became its own little tradition, a quiet part of our days that we both looked forward to.



WHAT A BOTTLE OF NAIL POLISH TAUGHT ME

By: Evelyn George



Evelyn George is a first-year medical student at NYITCOM in Jonesboro. Originally from the suburbs of Chicago, she has aspired to become a physician since childhood, inspired by firsthand experiences with family health challenges. Evelyn is passionate about patient-centered care and humanism in medicine. Outside of her studies, she enjoys traveling and experimenting with new baking recipes, which she loves sharing with friends and family.

“My submission embodies the theme “Small Acts, Big Impact” by showing how simple gestures such as sitting down to talk, listening attentively, and consistently showing up can profoundly affect the lives of nursing home residents. I have volunteered at the nursing home since my freshman year of high school, and through these experiences, I’ve learned that the smallest acts often bring the greatest joy. Humanism, I’ve found, lives in remembering a name, giving someone your time, and being fully present. Though these actions may seem insignificant, they carry immense emotional weight for individuals who are often overlooked. These moments have shaped my understanding of empathy and continue to influence the kind of physician and person I hope to become!”

The Gift of Presence

By: Michelle Gendin

During the holiday season, when celebration and abundance often dominate public spaces, I witnessed a quiet act of generosity that shaped my understanding of what it truly means to care for another. I've witnessed a community member who regularly prepares homemade meals and hands them out to people experiencing homelessness. There is no announcement of the act, no expectation of recognition, only what I could imagine being the genuine desire to provide a glimpse of hope.

What struck me most was not the immediate relief that a meal provided, but the dignity embedded in the gesture. This was not a transaction or a moment of pity, but instead an exchange of humanity. Faces softened, smiles appeared, and brief conversation followed. It was a moment in which people were seen not as circumstances, but as individuals. For some, especially during the holidays, that meal seemed to represent more than nourishment, but a reminder that they're seen amongst the chaos. While lines wrap around shopping centers and lights are put up throughout the streets, the cheerful season to the mass population can become the most isolating time to many others.

In witnessing this moment, I became aware of how powerful it was not only for those receiving the meal, but for the surrounding community as well.

The simplicity of the act, surrounded by the busyness and excess of the season, drew quiet attention to the true meaning of the holidays.

Observing the exchange made me reflect on how easily small acts can ripple outward. A simple meal became a source of warmth for many; those who received it and those who stood nearby. In a season that can heighten loneliness and loss, food became a language of care and a moment of recognition.

This experience has stayed with me and my outlook on a future in medicine. It reinforces that healing doesn't always begin with a visit at the doctor's office, but with presence, empathy, and the willingness to meet people where they are. As a physician, I hope to carry forward this lesson that even the simplest acts offered with intention and respect, can leave a lasting impression and restore a sense of humanity in moments where it is most needed.

Witnessing this act of generosity shaped how I think about patient care and the kind of physician I hope to become. In clinical settings, patients often arrive carrying burdens that extend far beyond their chief complaint. Fear, uncertainty, isolation, and vulnerability are the aspects often hidden beneath the surface; uncovering these human experiences require the extent of empathy before any diagnosis or treatment.

While medicine can encompass

clinical precision and patient care, this experience reminded me the importance of acknowledgment and compassion. The decision to pause and listen can tell you the exact diagnosis without needing to lift a finger, yet more importantly, connecting to a patient on the human level provides a certain comfort that no treatment alone could accomplish.

I now know that the individual distributing homemade meals did not attempt to solve the broader challenges of homelessness, yet their consistency and compassion made a world of a difference in that single moment to those they've touched. Similarly, while physicians cannot always cure an illness, we can always offer our humanity. Patient care isn't always expressed as dramatic interventions but through everyday choices; taking the time to sit at a patient's bedside, explaining a diagnosis with sensitivity, recognizing the person behind the illness. These moments, though small, shape how patients experience their care and how they remember those who cared for them.

As I continue my journey toward becoming a physician, this experience serves as a quiet reminder of the responsibility that comes with caring for others. I aspire to practice medicine with the same intention and respect I witnessed in that simple exchange, appreciating how every small gesture restores dignity, fosters trust, and leaves a lasting impact.

The Gift of Presence

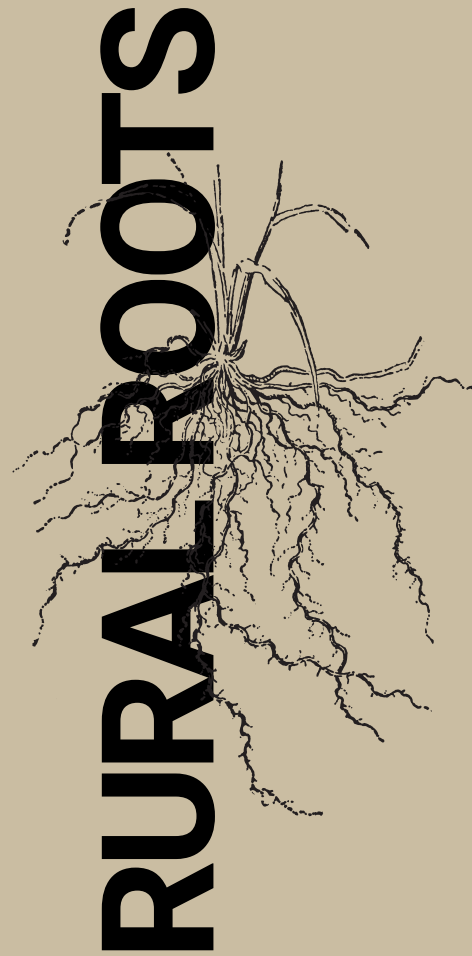
By: Michelle Gendin



Michelle Gendin is a second year medical student at New York Institute of Technology College of Osteopathic Medicine. She is an aspiring physician with a passion for practicing patient centered care and a commitment towards empathy, advocacy, and service to the community. She aims to integrate meaningful connections with those she serves to make lasting, positive impacts on health, well being, and overall experiences of care.

“This story reflects how a simple act of generosity can create meaningful connections and restore belonging within a community. Witnessing the gesture of handing out warm meals to those experiencing homelessness requires no recognition or reward, yet its impact extends far beyond nourishment. This small act offers comfort, visibility, and hope, particularly during the isolating holiday season. This short story highlights how care can be expressed through presence and intention without the need for grand gestures. The exchange left a lasting impression not only on those who received a meal, but also on those who witnessed the act. These small moments of compassion offer a perspective of shared humanity regardless of differences in circumstance. The small act of kindness connects to patient care, emphasizing how compassion and empathy can foster trust and healing. Ultimately, I hope this story illustrates how intentional, yet small gestures can have profound and lasting effects on others as it had on myself.”

By: Brittany Hanna



My life has never been simple or linear. It has been shaped by instability, survival, and resilience forced far too early. My mother has been addicted to methamphetamine for as long as I can remember, and I grew up inside everything that accompanies a parent's addiction: danger, displacement, and loss of safety. I moved from home to home, learned to stay alert, and endured abuse in its many forms: physical, emotional/psychological, and sexual. Childhood, for me, was not a season of innocence but of vigilance.

From a very young age, I grew up quickly by necessity. I learned how to protect myself, my mother, friends, and other children who happened to be in the wrong place at the wrong time. I learned how to read rooms, anticipate violence, and how to survive environments touched by gang activity and substance abuse. When I was 25 years old, the weight of responsibility grew heavier. My younger twin siblings witnessed a murder, and my mother was incarcerated for the second time on drug and neglect charges. Overnight, during my first semester as a pre-med student and as a newlywed, I became the parent of my 9-year-old twin siblings.

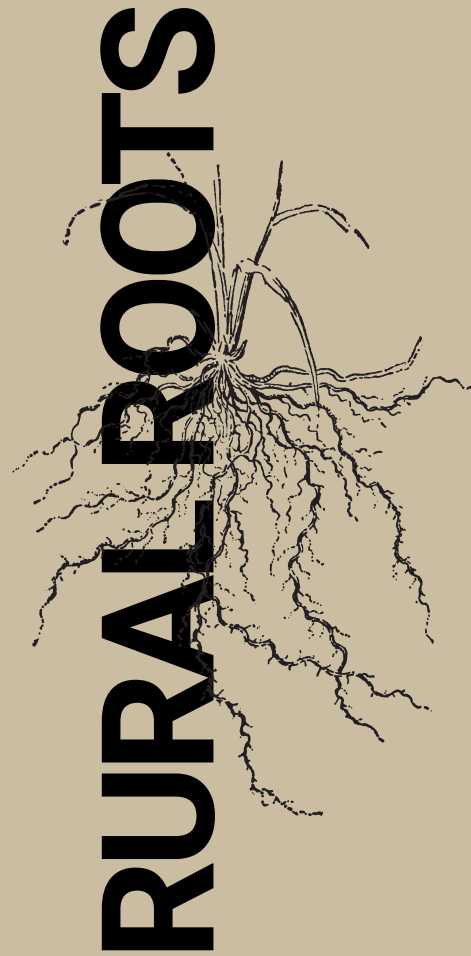
We did not come from money. I am the first person in my family to earn a bachelor's degree, and I will be the first physician, a reality that still feels surreal. I am also the first in my immediate family to serve in the United States military. I was awarded the Navy HPSP scholarship in September. I had no roadmap, no mentor, no one to explain the path to medicine or how to reach it. I didn't even know "pre-med" existed. I believed the only way into healthcare was to climb the ladder beginning with nursing, then maybe something more, if I was capable. I assumed joining the military meant combat, never realizing there were officer roles, educational pathways, or opportunities that could have changed the course of my life much earlier.

No one explained these things in my high school classrooms. I learned through trial, error, and sacrifice, often the expensive kind. My uncle always taught me that taking the easy way out was cheating myself in life, I now believe I took that too literally. My father occasionally jokes with me saying "this builds character". At times, I was tired of character building and wanted to throw in the towel, but that feeling only pushed me further.

“

This submission reflects how small, intentional ways of giving back can quietly reshape individual lives, communities, and generations. For me, humanism began long before my interest in medicine, in my small hometown riddled with resource poverty and addiction. What once felt like survival has become my purpose through simple acts like conversations in communities, honesty about my journey, and standing beside students who feel unseen, unworthy, or incapable. Offering guidance and education to rural students and communities required no advanced technology or titles, only presence, empathy, and belief in their potential. Partnering with Arkansas Mobile Opioid Recovery and providing education and naloxone are small interventions with the power to prevent irreversible loss. Sharing my story transforms stigma into understanding and isolation into connection. Walking into my hometown schools was not some grand gesture, but it opened doors I once believed were permanently closed. Seeing my little sister stand confidently beside me reminded me that representation itself can go a long way and have a lasting impact. Humanism in medicine is not only practiced in facilities, but wherever dignity, compassion, and opportunity are extended. These efforts affirm my belief that small acts, with repetition, can foster massive generational change.

By: Brittany Hanna



I worked for 8 years as a travel ICU nurse and loved it, but I felt the limitations of my scope deeply. I wanted to do more, intervene earlier, to address the root causes instead of the final consequences. My mother was once a nurse, a remarkable one. Before addiction, she managed a home health agency responsible for more than 250 patients across southwest Arkansas. Even now, people from my hometown still tell me how compassionate and skilled she was and how deeply she cared for them. Addiction did not erase who she was, it broke the tethered hearts of a community.

That understanding shaped me. My heart aches not only for my mother, but for the countless families like ours. In rural communities, addiction does not isolate itself to one person. It weaves through families, friendships, schools, and entire communities and generations. Escaping that cycle is unimaginably difficult when education, resources, and guidance are absent, I know firsthand. This past semester, I started a student interest group focused on addiction medicine, partnering with Arkansas Mobile Opioid Recovery to provide administration education and naloxone supply to rural communities. Alongside this, I gathered classmates and created presentations for students in grades 7–12 in Mount Ida and Oden, Arkansas, my two hometowns. We spoke about careers in medicine, pathways forward, financial resources, military careers, and the simple but powerful truth that they are capable of far more than they may believe.

I remember sitting in those same chairs, convinced my future was already decided by circumstance. I believed I wasn't smart enough and that success belonged to other people. Even now, those doubts occasionally return, but my faith and refusal to quit have carried me through. My sister, now 16 years old, stood beside me during these visits. She shared the stage, answered questions, and quietly became proof of what is possible. She will graduate her junior year of high school with honors and aspires to become a physician herself with an interest in military medicine.



Engaging with students and serving alongside my sister brought me a sense of fulfillment and peace I struggle to put into words. Following the presentations, students asked questions, voiced fears, and admitted they too felt inadequate or lost. I saw so much of myself in them. Some approached us for conversation even after everyone else had left. We plan to visit additional schools next semester, and do not plan to stop. I never imagined I would be able to do this. I never imagined my story could become a bridge for others, yet here I am, grateful beyond measure and hopeful for what lies ahead. I look forward to continuing this work in rural communities through education, overdose prevention, awareness, and opportunity. I hope to expand into specialty education and pain management in the future. My mother's life, her brilliance, her struggles, and her humanity have inspired a lot of what I do. The stigma surrounding addiction mirrors the stigma once attached to psychiatric care, and I believe we are standing at the edge of pivotal change. Healing begins with understanding, and progress begins with education. Sometimes, the smallest acts: a conversation, a classroom visit, willingness to explain, can alter the trajectory of a life, a community, or many generations. I cannot change where I came from, but I can change what grows from it, and I will.

Brittany Hanna is a second-year at NYITCOM with a background as an ICU travel nurse. She has a strong interest in addiction medicine, rural health, and community-based education shaped by lived experience. Brittany is actively involved in outreach initiatives focused on overdose prevention, health education, and mentorship for students in underserved communities. She is a recipient of the Navy Health Professions Scholarship and plans to pursue a career in military medicine. Her efforts are guided by a commitment to people, excellence, equity, and compassion.

WHO DESERVES A SMILE

By: Yinxue Linsey Zhao

Everyone agreed that Daniel was “great with patients.”

He leaned in when attendings watched. He remembered names when families stood nearby. He laughed gently at jokes that weren’t funny and nodded with concern at stories he’d heard before. Nurses often commented on his bedside manner, at least the ones who only saw him during rounds.

What they didn’t see happened in the hallways.

“Can you move?” Daniel snapped at the environmental services worker as she mopped outside the patient room. “You’re in the way.”

She murmured an apology and shifted her bucket. Daniel didn’t hear it. He was already scrolling labs on his phone.

Later that day, a transporter asked if he could clarify which imaging study the patient needed.

“Isn’t it written right there?” Daniel said, voice tight. “I don’t have time for this.”

The transporter nodded and walked away, cheeks warm. He would ask someone else. He always did.

To Daniel, these moments barely registered. They didn’t count as real interactions. They didn’t matter for evaluations, letters, or learning. They were friction, background noise in the real work of medicine.

Mina noticed.

She was another student on the service, quieter, less polished. She watched Daniel carefully, not with judgment at first, but with confusion. How could someone be so gentle in one direction and so sharp in another?

That afternoon, an elderly patient asked Daniel if he was tired.

“You look stressed,” she said kindly.

Daniel smiled. “I just want to make sure I’m doing everything right for you.”

Mina watched him soften instantly. She also noticed the nursing assistant standing just outside the room, waiting to help the patient to the bathroom and waiting longer than necessary, because no one acknowledged her presence.

After rounds, Mina stopped to help the assistant reposition a patient.

Thank you,” the assistant said, surprised. “Most students don’t.”

“For what?” Mina asked.

“For noticing us.”

That evening, Mina said nothing to Daniel. No confrontation. No lecture. Just observation.

The next morning, the same environmental services worker was back, cleaning the hallway. Daniel sighed as he approached her again, and then stopped.

The mop bucket had rolled slightly into the path of a stretcher. Mina gently moved it aside and smiled at the woman.

“Thanks for keeping this place running,” she said.

The woman’s face lit up. “Thank you for saying that.”

Daniel watched. Something uncomfortable stirred, not guilt exactly, but exposure. He realized, suddenly, that he had never learned her name. Or the transporter’s. Or the assistant’s.

Later, a nurse asked Daniel for help turning a patient.

“I’m kind of busy,” he began and then paused.

“I can help,” Mina said, already stepping in.

Daniel hesitated, then followed.

As they worked, the nurse said casually, “You know, patients notice how you treat everyone. Not just them.”

She didn’t look at Daniel when she said it. She didn’t need to. That afternoon, when the transporter returned, Daniel spoke differently.

“Hey, sorry about earlier. Can you help me make sure we’ve got the right study?”

It was awkward. Stilted. Small.

But the transporter nodded. “Sure.”

The shift wasn’t dramatic. Daniel didn’t become a different person overnight. But something cracked open: the realization that kindness performed selectively is not kindness at all; it’s strategy.

Medicine notices. Patients notice. Teams notice.

Humanism isn’t measured by who you impress. It’s revealed by who you think doesn’t matter.

And sometimes, the smallest act acknowledging someone without power reaches the furthest.

WHO DESERVES A SMILE

By: Yinxue Linsey Zhao

“This story examines how implicit bias and hierarchical thinking shape selective empathy in medical training. It highlights how kindness is often directed toward those perceived as important, while others experience dismissal or mistreatment. By focusing on small, everyday interactions rather than overt misconduct, the story shows how humanism is practiced or withheld in subtle ways. A single moment of respectful acknowledgment becomes a corrective act that exposes inequity. The piece emphasizes that small acts of respect toward all members of the healthcare team can profoundly influence culture, trust, and patient care.”



The author is a medical student with a strong interest in humanism, ethics, and team-based care. Their academic focus includes understanding how culture and communication influence patient outcomes and clinical environments. They are committed to thoughtful reflection as a tool for professional growth in medicine. Outside of academics, they value attentive listening and quiet acts of service within their community.

SMALL ACTS

BY: BERNADETTE RILEY, D.O., M.S.

I called a long time patient today, I knew he had an appointment with a surgeon and wanted to see how it went. He was diagnosed with metastatic stomach cancer (his second metastatic cancer in two years). I had found a surgeon, with experience with advanced complex cancer surgery and a good success rate, who was willing to see him quickly. I knew it would be a challenge to medically optimize him surgically due to his age, medical conditions and extensive disease, but wanted to help him do all we can.

On the phone, he said the surgeon did not think he was a candidate for surgery but instead wanted him on one of the new chemotherapy drugs. He seemed happy as the drug he mentioned was one that's on TV and taken at home. The patient wanted to do everything possible to live and watch his grandson grow. I had lost my mom 5 months that day. I thought about my mom, her illness, he was the same age as my mother would have been, had she lived. I thought back to my mom's death and the struggle that came along with the last four months of home hospice. It was one I would not recommend anyone have or witness. I started questioning if we should have fought harder for my mom to get more treatment and not have agreed to hospice; perhaps there was more we could have done? No doctor of my mom's was offering to call doctors to try and help us with her illness. Here I was working hard to find doctors for my patients and trying to help them navigate a challenging system and I could not do the same for my mom. Watching my mom struggle through pain and illness was so challenging for me. I was concerned that my patient would follow a similar path and knew it would be hard, hard on him, and his family.

It's easy to identify with your patients, especially those you have known for a long time. One thing I realized is that everyone is different. We can be there for them but cannot take on their journey. Just like people and my providers can be there for me and but can not take on my journey. Everyone's journey, emotions, and how they handle situations, are different. I thought back to two years ago when the patient was first diagnosed with metastatic prostate cancer, I recommended him to a surgeon at a major NYC medical center who told him to enjoy his life, not treat and that "he will not die of prostate cancer." They did not like that answer and found another local doctor who treated him and that was two years ago. He was able to get two more years of his life with his grandson. In medicine we are a team, the physician, patient and their loved ones. As physicians, we do not have a crystal ball with how things work out. All we can do is help them, provide support and recognize that being a part of their time on earth is a privilege that we should not take for granted. Later that day the patient's wife wrote me a note, expressing gratitude and holiday cheer and acknowledging that she thought this holiday would be a hard one for me without my mom, but that she would have wanted me to have hope, faith and love. A simple saying but meant so much. Compassion and kindness help throughout everyone's journey and is so needed.



"The small act of helping patients get care, helping others, acknowledging their journey and listening to our patients can have a big impact."

Dr. Riley is a Professor of Family Medicine, and Director of NYIT's EDS/Hypermobility Treatment Center. She also teaches the medical students in lab and in the clinic.

BLESSINGS

By: Matthew Kaplan

"Hi, my name is Matthew, and I'm talking to you today because you qualify for a cancer research study. We're looking for participants with follicular lymphoma to give a little extra blood at their next visit. We're studying biomarkers in the blood to create a better screening test for cancer. We'll give you a \$50 gift card for participating."

This was my research spiel. I had repeated these lines so many times that I could recite them in my sleep. A monotonous job can turn you into a machine, and after a while, you forget why you do it in the first place.

When I signed up for clinical cancer research, I pictured something out of a medication commercial: an older patient smiling, a doctor in a lab coat, and me somewhere stage left with a clipboard. The room has big windows, and it's seventy degrees and sunny, of course.

Sure enough, it was not like the commercials. I never imagined commuting an hour to sit in a sterile, LED-lit room with no windows, tucked away from patients, and staring at an outdated EMR. Anything to sound interesting on medical school applications.

The names blurred together as I scrolled through a sea of appointments. Anemia. Non-small cell. ER+HER2- breast. Eventually, one 'lucky' winner met all the inclusion criteria. I sifted through every detail: pathology reports, physician notes, PET scans, bloodwork. Brandon was a gentleman in his mid-fifties with follicular lymphoma. His hemoglobin was above 10. His BMI was over 20. On the biomarker team, we call this a blessing.

Working in cancer research means walking a fine line. On one hand, your job is to draw enough blood from (mostly) anemic cancer patients to meet weekly quotas, all in the name of science. On the other, you try not to suck the life out of people who are already exhausted. My first few weeks as an overachiever earned me the nickname 'Dracula' from the lab nurses. A frail 83 year old woman earned lightheadedness and multiple needle pokes for her generosity. So, when the EMR heavens bestowed a younger, physically capable "blessing" upon me, I jumped at the opportunity.

Today, that blessing was Brandon, scheduled for 2:15pm in Setauket. I printed the informed consent and removed three of the five empty vials from the kit. The biobank had mentioned that only two tubes were technically required, but three felt like enough to satisfy the researchers without draining the patient. Before heading out, I grabbed a gift card for the patient's participation, but more so to ease my guilt of taking blood from cancer patients.

By 2:10, I was behind the receptionist desk, staring at Brandon's chart waiting for it to say checked in.

"Scrubs, huh? Now you look like you actually do something around here!" Rachel, the RN, teased. On my first day, she had asked me if I brought lunch for everyone, assuming I was a drug rep because of my formal clothes and confused expression.

"Yeah, a little tight but breathable," I said sarcastically, with my XL pant legs rolled up into something resembling a medium.

As we joked, I missed Brandon's check-in notification. By 2:18, I was in the waiting room. "Brandon K.?" I called out.

Silence.

"Brandon K.?" I tried louder.

Nothing. They must have already taken him back for labs.

I hurried into the lab and promptly tripped over my pant leg. The thud echoed down the hall.

"Brendan?" I blurted while picking myself up.

"Uh... Brandon?" a nurse corrected, looking equally confused and concerned.

Getting a patient's name wrong is rude. Asking that same patient to get stuck by a needle again because you were late is worse.

"Yes... sorry! Brandon, how are you?" I asked.

"Well, I'm here, aren't I?" he replied.

I had no clever comeback. Everyone was watching. Flustered, I had forgotten my research spiel.

"Fair point," I said weakly. "Um... my name is Matthew, and the reason I'm bothering you today is..."

"You alright, son?" he interrupted.

Great. Now, the patient was checking on *me*.

"Just a little rushed," I said, voice shaking, aware of every pair of eyes in the room.

"Ah, you're the young man with the gift cards!"

"Oh, your chart didn't say you'd participated before."

"No, but my wife has. She said you were nice."

"Oh! That's great. Well, if you're interested..."

"I'd be happy to. Just tell me where to sign."

"I can get you next visit, so we don't have to stick you again"

"No worries," he said. "I've got a port. No trouble at all."

I was stunned by how well things had smoothed over.

For the next twenty minutes, we talked about everything from his baseball coaching gig to how I ended up collecting blood in the name of cancer research. Eventually, his wife came up again. I felt bad that I couldn't remember her.

That's when he leaned in and whispered that he'd made that part up. He'd seen me around the clinic before and didn't want me to look bad.

I thanked him, and he grinned. "How about that gift card?"

"Of course," I laughed, then panicked. I couldn't find it anywhere. "I'll be right back," I said, rushing out.

"Hey! Missing something?" Rachel called, handing me the envelope. "Lab tech said the nice gift card guy tripped and it fell out of his pocket. Walk much?"

Relief washed over me. 'Nice gift card guy' wasn't ideal, but it beat 'Dracula'.

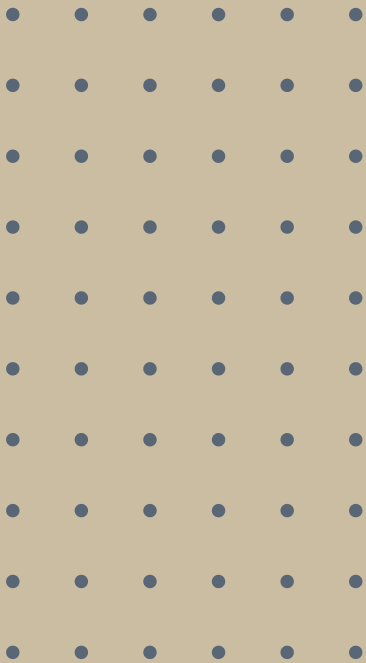
I ran back and handed Brandon the envelope. "Thanks," he said. "I'll use it to buy you pants that fit."

We both laughed.

For years, I spent my days asking sick people for blood in the hope that it might someday lead to something bigger. That afternoon, I was reminded about the importance of small gestures. A kind lie. A remembered name. A well-timed joke. These gestures may not cure cancer, but each is a blessing.

BLESSINGS

By: Matthew Kaplan



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"This submission is a story from my experience working in cancer research before medical school. A particular encounter with a patient sparked reflection after a kind gesture. While we usually think of patients on the receiving end of compassion, this story portrays otherwise. A small gesture from a cancer patient left a lasting impact on me."



Matthew Kaplan is currently a second-year medical student at the New York Institute of Technology College of Osteopathic Medicine in Old Westbury. He received his undergraduate degree in biology from Davidson College with a focus in genetics and genomics. After graduating, he worked for 2 years as a Clinical Research Coordinator for the New York Cancer & Blood Specialists. His experience working alongside cancer patients, nurses, oncologists, and so many others had a tremendous impact on him.

Short Stories

Just A Name

By: Naba Khan

When I was in preschool my parents enrolled me in a private religious academy funded by the Saudi Embassy. They wanted me to learn my faith as I grew up, and I would go on to graduate high school from that very institute.

I had all the classes that the Virginia Department of Education mandated, along with Arabic and Islamic courses.

Arabic is a beautiful language, with flourishing symbols and letters that move like water. I liked drawing the words, and I liked the feeling of flicking my pencil gently to get the perfect curvature on the “ح”.

When I first learned to write my name, I didn't think it was very pretty.

نبأ
Naba.

It was boxy instead of fluid, with sharp straight lines instead of the looping ones I admired. I remember staring at it, dissatisfied, wondering why my name couldn't flow the way the others did. But the longer I started at it the more it transformed. I learned to see it different. It was a sturdy boat, the “ب” and the “ن” made up the body of the vessel while the “أ” was the mast. It was ship built to withstand the churning Arabic sea.

نبأ
Naba.

I liked it just fine after that.

~

When rotations began it was a flurry of nonstop action from day one. A symphony of cardiac monitors beeping to the tune of a-fib and heart blocks, overhead announcements blaring stroke alerts and code grays, paperwork, paperwork, paperwork.

The hospital moved like a living organism, lungs expanding and contracting with admissions and discharges, veins clogged with gurneys and wheelchairs, nerves firing in rapid response teams and hurried footsteps.

There were interpreter devices—essentially iPads on wheels—scattered far and few between in the hospital corridors, usually booked and busy because majority of the patient population spoke English as a second language. When we did manage to find one, it often arrived late, battery blinking red or a busted speaker forcing us to repeat phrases over and over. We began the rounds, wheeling the machine behind us.

Our patient was a Middle Eastern man in his 60s who was there alone. I saw in his chart he only spoke Arabic. He sat upright in bed, hands folded neatly in his lap, eyes tracking every movement in the room with quiet vigilance.

The resident began explaining what we found, her voice steady and practiced. The words metastasis and thoracentesis were thrown around. Even I struggled to follow the translation, the meaning fraying as it passed through layers of language and latency. The interpreter's voice emerged in a flurry of Arabic, and I watched the patient's expression change as the cadence sped past him, eyes flicking between the screen and the speaker, trying to keep up. The resident asked if he had any questions, but he said no, trying to process the mountain of information presented to him. The resident rested a hand on his shoulder, then turned to the door, the day pulling us forward.

I lingered.

I wanted to say something, but I was unsure if I had the vocabulary or prowess to speak aloud in Arabic the thoughts that I harbored. I had been out of practice for so long. Then, almost instinctively, I reached for the scrap of paper in my pocket—the back of a folded sign-out sheet, creased and soft from use. I wrote it slowly and handed it to him.

نبأ
Naba.

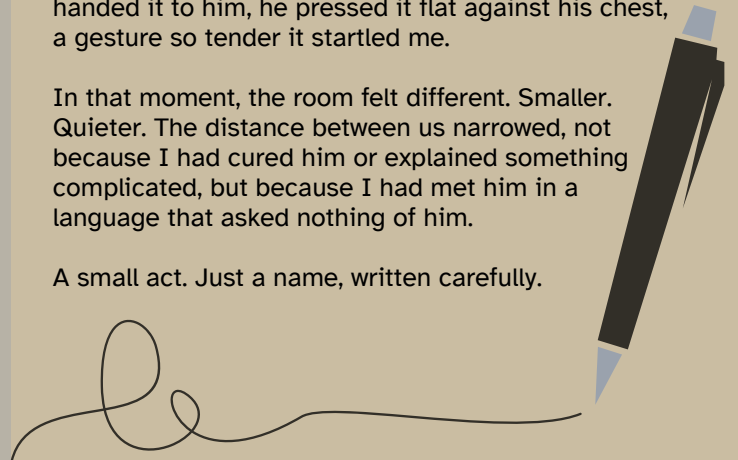
“My name.” I said pointing to it, “اسمي”

It was almost immediate, the way he melted. Shoulders slackening from their tense grip, his face breaking into a dazzling smile.

He reached for the paper, tracing the letters with his finger as if committing them to memory. I wrote his name beneath mine, careful, deliberate. When I handed it to him, he pressed it flat against his chest, a gesture so tender it startled me.

In that moment, the room felt different. Smaller. Quieter. The distance between us narrowed, not because I had cured him or explained something complicated, but because I had met him in a language that asked nothing of him.

A small act. Just a name, written carefully.



Short Stories

Just A Name

By: Naba Khan

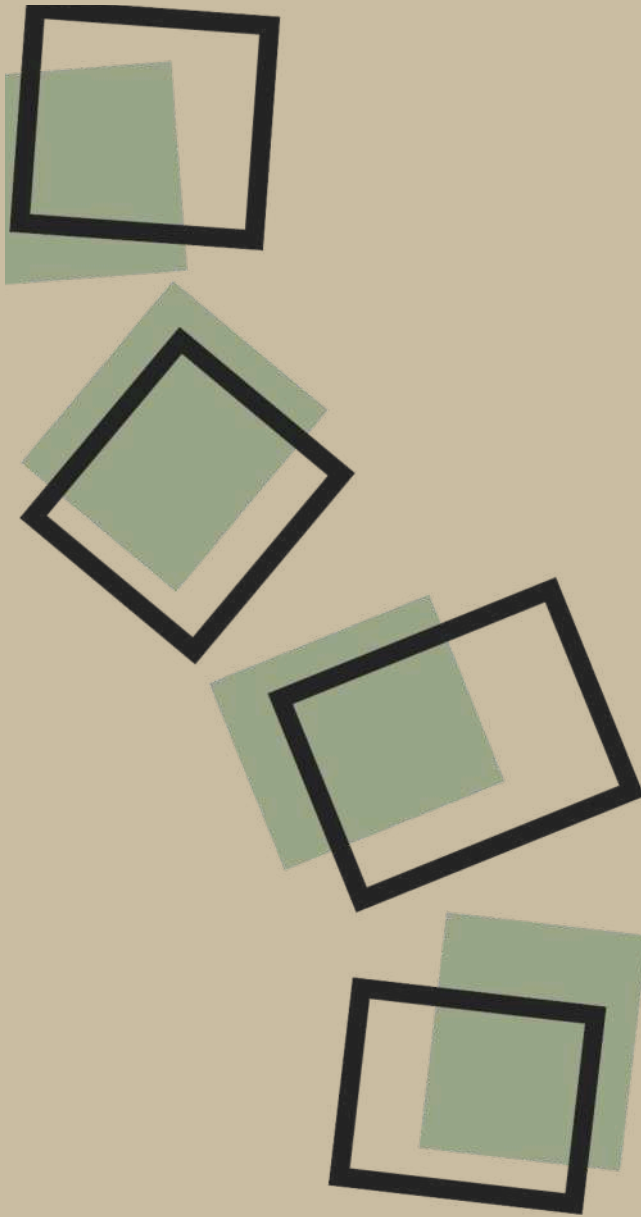


Naba Khan is a third-year medical student at New York Institute of Technology College of Osteopathic Medicine.

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This piece is about finding connection and crossing barriers through shared language and representation. Something as simple as knowing how to introduce yourself in someone else's language is enough to form a tether between you two.

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Not Numbers

By: Savanna Macchio

As a third-year medical student on my internal medicine rotation, I was sitting in the resident room charting after rounds when a nurse approached the resident with a question about a patient. She referred to the patient by their room number. The resident respectfully interrupted and gently asked that when discussing patients, they refer to them by their name, reminding us that they are people – not numbers.

It was a brief moment, but one that left a lasting impression on me. What the resident said stuck with me, and I made a conscious effort to carry that practice forward throughout the rest of my training. Moments like this reveal how small changes in our everyday approach can have profound effects on ourselves, our patients, and those around us. Referring to a patient by their name rather than their room number embodies humanism in medicine. It reminds us to see our patients as individuals beyond their diagnoses, each with their own story and identity. Though seemingly small, this simple act reinforces dignity and respect in the clinical environment.

Experiences like this have shaped the way I aspire to practice medicine. They remind me that meaningful change in healthcare does not always come from grand gestures, but often from the small, intentional choices we make every day.

“

“Not Numbers” reflects on the quiet, everyday moments in medicine that often go unnoticed yet carry profound meaning for patients and trainees alike. In alignment with this issue’s theme, “Small Acts, Big Impact,” the piece highlights how presence, listening, and simple gestures of compassion can shape trust, dignity, and healing far beyond what metrics can capture. It serves as a reminder that humanism in medicine is often expressed not through grand interventions, but through the smallest acts we choose to offer.

Savanna Macchio is a fourth-year medical student at NYITCOM, who is pursuing a career in general surgery.



Healing Through Humility: Lessons From Remediation

By: Scarlett Saitta

When I learned that I would need to remediate, I reread the email several times before it sank in. I was sitting alone, staring at the screen, trying to convince myself I had misunderstood. Intellectually, I knew what it meant. Emotionally, I kept waiting for the feeling to arrive all at once, as if clarity might make it easier to accept. Remediation had always felt like something that happened to someone else. Then it was my email, my name, my next step.

The months that followed forced a kind of stillness I had not practiced before. Without the usual pace of coursework and deadlines, there were fewer places to redirect my attention. In that quiet, I began to notice habits I had long overlooked: listening for my turn to speak rather than to understand, subtly centering my own experiences in conversation, and moving too quickly toward solutions instead of staying with what was hard. I did not recognize these habits as failures so much as reflexes. Remediation did not announce itself as a lesson; the changes that followed emerged quietly, as a byproduct of being slowed down long enough to notice.

As I worked to regain my footing, I began listening differently. I asked questions that slowed conversations instead of steering them, and I practiced reflecting words back without reshaping them into my own interpretation. I noticed how often I wanted to interrupt silence or redirect emotion—and learned not to. At the time, these changes felt inward-facing and small, useful primarily for my own growth and for my relationships. I had not yet seen how they might matter beyond me.

That changed when I began volunteering with the Crisis Text Line.

One night, I connected with a texter in acute psychiatric crisis. From her first messages, she spoke with a quiet certainty that she did not deserve relief from her pain. She told me she lived with serious mental illness and polysubstance use, and that she planned to die that night. As we spoke, she said she had already begun her attempt.

She described years of encounters with healthcare professionals marked by impatience and judgment. As a lesbian and a person of color, she had learned to expect dismissal before care. Over time, those experiences had settled into something more fixed—a belief that she was unworthy of help, and ultimately, unworthy of life.

When she told me what she had done, she begged me not to call emergency services. I knew what protocol required, but knowing the steps did not make the moment easier to hold. Remediation had trained me to stay oriented under pressure—to keep my attention on her rather than on my own fear. I typed quickly, keeping my messages deliberate and precise. I offered affirmations that felt honest, asked questions that kept her engaged, and quietly coordinated with my supervisor to send help. When her messages became frantic, I asked her to slow down and stay with me. I remember staring at my laptop, afraid that a wrong word—or even a pause—might feel like abandonment.

Instead of offering advice or directives, I asked open-ended questions and reflected her feelings back to her, listening for what still held meaning for her. She spoke about fear, and about her mistrust of systems that had failed her before. Eventually, she mentioned her daughter, who lived in a group home and loved to dance. When I asked her to tell me more, her messages slowed. She described watching her daughter perform, and how she had scraped together money for lessons, wanting her to feel supported, proud, and safe. The conversation changed shape—not because the crisis had passed, but because something human had reentered the space. She stayed with me as emergency services were dispatched, and when they arrived, she agreed to accept help. Despite the urgency of the situation, the interaction itself unfolded quietly. I did not say anything remarkable. There was enough safety for her to accept care.

As I continue my medical training, I return often to that night. Remediation, once a source of shame, became something more complicated than a lesson learned or a failure overcome; it humbled me deeply. It showed me that healing does not always come from intervention or explanation, but from presence—especially when it would be easier to look away. In medicine, the smallest acts often carry the most weight. Sometimes, they are the difference between someone being dismissed and someone choosing, for one more moment, to stay.

Scarlett Saitta is a medical student with interests in psychiatry, trauma-informed care, and medical humanism. She volunteers with the Crisis Text Line and is involved in advocacy and narrative work centered on mental health, dignity, and patient experience. Her writing explores how humility, listening, and presence influence healing—both in moments of crisis and in everyday clinical care.



“

This piece reflects the theme “Small Acts, Big Impact” by showing how the quiet lessons of remediation, such as slowing down, listening without an agenda, and staying present, shaped my response during a Crisis Text Line emergency. Rather than relying on dramatic intervention, care emerged through steadiness, restraint, and sustained attention.

In that space, dignity was preserved, and trust became possible. The experience reframed my understanding of humanism in medicine, revealing how humility and presence can create safety at moments when it matters most.

”

STILL CARRYING HOPE

By: Tanzila Chowdhury

I came here as an émigré physician, carrying hope carefully, the way one carries something fragile. I knew the struggle before I ever stepped into NYITCOM—balancing family, finances, and studies all at once, while trying not to lose myself in the process. For émigré physicians, the challenge is not only academic. It is emotional. It is practical. It is waking up every day knowing that too many people depend on you to fail.

Many of us begin this journey at a stage in life where responsibilities are already deeply woven into our daily routines. We are parents, partners, caregivers, providers. We study while cooking dinner, review notes after children fall asleep, and carry guilt on both sides—guilt for time taken from our families, and guilt for the dreams we refuse to let go. We move forward quietly, because we have learned that survival often requires silence.

That is how I noticed her.

She was an EPP student like me, but she carried a different kind of weight. She had three children waiting for her at home. Every morning, she arrived early, her bag heavy, her expression composed. She sat in the back row, always attentive, always prepared, rarely speaking. To most people, she looked steady.

I recognized the strain immediately.

There is a particular tiredness that comes from trying to be everything at once. It shows in the way someone hesitates before sitting down, as if even rest must be earned. It lives in the way they apologize unnecessarily. I had seen it in myself before I learned to name it.

One evening after lab, I found her standing alone in the hallway. The building was quiet. The day had already taken everything it could. She stared at the floor, not crying, not moving—just paused, as if deciding whether she had the strength to keep going.

I didn't ask about school. I asked about her.

That was all it took.

She told me about her children. About the constant calculations—time, money, energy. About studying while worrying whether dinner would be ready on time. About feeling torn in half everyday. She told me she felt selfish for wanting this life, and guilty for needing it.

I didn't rush to reassure her. I sat with her. I told her I understood. I told her that wanting more did not mean loving her family less. I reminded her that she was not failing—she was carrying more than most.



This submission reflects how small, intentional acts of humanism can create meaningful change within the émigré physician community. By noticing a struggling peer and choosing presence over advice, the story highlights how listening, sharing time, and offering quiet encouragement can restore confidence. Simple gestures—studying together, checking in, and reminding someone of their worth—became lifelines during moments of overwhelm. In the end, the story reminds us that healing often begins quietly, with one person choosing to care. Small acts, offered with sincerity and presence, can create impact far greater than we imagine.

From that day on, I stayed close.

I shared notes, yes—but more importantly, I shared space. We studied together when we could. I checked in when I knew the day had been heavy. I reminded her to breathe. On mornings when she looked especially tired, I told her she didn't need to explain herself. Sometimes, support looked like practical help. Other times, it was simply a message that said, "You are doing enough."

Slowly, she changed.

STILL CARRYING HOPE

By: Tanzila Chowdhury

Not in dramatic ways—but in human ones. She started lifting her head when she walked. She spoke more in class. She stopped apologizing for needing a moment. One day, she laughed—a full, unguarded laugh—and said, “I forgot I was strong.”

That stayed with me.

Being an émigré physician is not just about becoming something again. It is about remembering who we already are. We carry histories, sacrifices, and responsibilities that do not pause for ambition. That is why small acts matter so much in our community. They remind us that we are not alone in the weight we carry.

Osteopathic medicine reflects this truth. Healing is not only physical. It is relational. It begins with recognition—with seeing the whole person, not just the role they are trying to fulfill. Whether through a gentle touch, a listening ear, or shared silence, relief often begins long before treatment.

Now, I try to be that presence for others.

I help because I understand. I show up because I remember how heavy it felt to carry everything quietly. I remind my fellow émigré physicians—especially those balancing families and dreams—that they are not weak for struggling. They are brave for continuing.

As I move forward in medicine, I carry this truth with me: healing does not always begin in a clinic or a classroom. Sometimes, it begins in a hallway, when one person notices another and says, “I see you.”

And sometimes, that is enough to help someone keep going.



Tanzila Chowdhury is an Émigré Physician Program (EPP) student at NYIT College of Osteopathic Medicine with a background in international medical training. Her journey into osteopathic medicine is shaped by lived experience as an émigré physician balancing family, resilience, and purpose. She is deeply committed to humanism in medicine, peer support, and mentoring fellow emigré physicians. Through small acts of compassion and presence, she strives to uplift others while becoming a holistic osteopathic physician.



POEMS



BY: AISLEY GEORGE

A PAUSE ON THE SIDEWALK

Medicine humbles you
long before it teaches you answers.
It teaches you how little you know
about the lives unfolding
just beyond your line of sight.
How pain rarely announces itself,
how strength often looks like silence,
how everyone is carrying something unseen.

Someone once told me a story
about a single droplet of water
that wanted to be close
to something greater than itself.
It began unnoticed, ordinary,
the kind of thing the world overlooks
until it is suddenly gone.

The droplet rose,
traveled, waited.
It fell, sank, wandered underground,
learning patience in darkness,
learning that purpose
is not always clear at the beginning.
Eventually, it was drawn from a well
by hands that needed it,
and became part of bread,
nourishment shaped by time and heat.

I think of that droplet often
when I move through the world now,
especially since medicine
has taught me to look twice.

One afternoon, I went to pick up lunch,
focused on my own small errands,
when I noticed an elderly man
standing still at the edge of the sidewalk.
At first, it looked like nothing,
just another pause in a busy day.
Then I realized he was struggling,
uncertain how to step off the curb,
how to reach his car safely.

I offered my arm.
That was all.
A simple gesture, unplanned,
as small as a droplet.

As I helped him to his car,
he spoke with a gratitude
that caught me off guard,
praising me as if this kindness
were rare,
as if no one else would have stopped.

Just before he drove away,
he rolled down his window and said,
"May God bless you
and thank you again."

I stood there stunned,
calling back you're welcome,
realizing how little it had taken
to mean so much.

Medicine teaches you this:
you never know what someone
is walking with,
what aches they carry quietly,
what moments feel like cliffs
they are afraid to step off alone.

A kind word does not heal disease.
A helping hand does not fix a life.
But it stays.
It travels.
It becomes part of someone's story.

Humanism, to me,
is not grand declarations or heroics.
It is noticing.
Pausing.
Choosing to be gentle
in a world that moves too fast.

Like that droplet,
small acts pass through hands,
through moments,
through lives,

becoming something larger
than we ever intended.
Proof that kindness,
once offered,
never truly disappears.



Aisley George is a first-year osteopathic medical student at NYIT College of Osteopathic Medicine (Arkansas State University campus). Through her medical education, she hopes to participate more actively within the community while advocating for patients who face barriers to receiving care.

"The poem suggests that the true power of medicine lies in moments that are easily overlooked. By following the journey of a single droplet, this reflects how small acts move quietly through time, shaped by patience, circumstance, and need. The simple choice to pause and offer an arm becomes meaningful because it meets another person at a moment of uncertainty and dignity. The elderly man's response reveals how deeply people are affected when they are noticed and treated with care. Rather than presenting compassion as something that solves or fixes, the poem honors it as something that stays. It becomes part of another person's memory and experience. In this way, the poem shows that small acts, though modest in appearance, can carry lasting weight and create impact far beyond the moment they occur."

A STORY I CAN TELL

By: Genat Haimed



Genat is an OMS II at NYITCOM Old Westbury. She is from Brooklyn, NY and feels very fortunate to have been raised in a richly diverse community as it has significantly shaped her values today.

“

My poem is written from the point of view of a nervous patient who is an immigrant. The patient is met with a provider who embodies compassion through simple gestures and this leaves a lasting impact.

Unable to help it, the thought won't budge
Will you understand me or will you judge
The minutes drag by as I wait in the room
Trying not to let the loud silence consume
Three swift knocks, then the door cracks open
You peak through with authority unspoken

But when your voice softens and you smile with your eyes
The cold room gets warmer, and my fear slowly dies
My confidence in you starts to grow
As you pronounce my name clear and slow
You don't rush past my pain; you listen to me plea
And it transforms my doubt into certainty

You ask attentive questions, and my answers are weighed
My unease turns into trust that will not fade
You're sitting still, upright, and slightly leaning forward
You absorb my words, and I no longer feel cornered
You speak with care and a soothing tone
I realize now, I'm not alone

Gentle reassurance, a nod, and a smile
Compassion and consideration will linger for a while
With tender kindness woven into your disposition
Hope begins to kindle, and we lean into your intuition
Your respectful tone honored my story well
And turned my trembling doubts into a story I can tell

SHORT STEPS, STRONG HOPE

By: Gia Cricchio

**She wakes each day and chooses hope,
Learning new ways to learn and cope.
Her body asks for patience still,
But never quiets down her will.**

**She speaks her truth so hearts can hear—
That one kind choice could change a year.
Not for sympathy, not for praise,
But for more ordinary days.**

**Beside her walks a dachshund small,
Yet strong enough to steady all.
When her steps slow, he matches pace,
A quiet love, a constant grace.**

**So listen now, and help her thrive—
A living donor keeps hope alive
One simple yes, one selfless start,
Can change a life, can heal a heart.**

“

This poem reflects this year's theme, "Small Acts, Big Impact," through the lived experience of my best friend, Lauren Shields, a double organ transplant recipient. Over the past year, Lauren received the devastating news that the kidney transplanted from her mother had begun to fail. Yet despite navigating her own organ failure, she has continued her work with LiveOnNY, tirelessly advocating for organ donation and educating others about its life-saving potential. Her unwavering commitment to helping others, even while facing her own health challenges, embodies the quiet heroism of humanism in medicine.

As a medical student, I have found my own voice in this advocacy. I have had the privilege of explaining the transplant process and the role of the National Kidney Registry to peers and community members, using my education to advocate for Lauren and for countless others waiting for a second chance. This poem serves as a reminder of Lauren's passion for service and the power of advocacy in any environment—whether in NYITCOM's Riland Auditorium, at the New York State Department of Motor Vehicles, through a simple social media post, or in everyday conversations. It highlights how even one small act—a shared story, a kind word, or a single "yes" to donation—can change a person's life forever.



Gia Cricchio is a third-year osteopathic medical student at NYITCOM with a strong interest in surgical specialties, patient advocacy, and community education. Her passion for organ donation and transplant advocacy is deeply inspired by her close friendship with a double organ transplant recipient. Through her medical training, she has found her voice advocating for education on the transplant process and living donation. Gia is committed to advancing humanism in medicine by using storytelling, education, and advocacy to create meaningful change.

Uncharted Silence

By: Katsiaryna Milashevich

No one really notices
when you're holding your breath.

Standing instead of pulling up a chair.
Waiting a second longer before speaking.
Listening even when the story takes time
to come out right.

I learned early that care isn't dramatic.
It looks like steady hands,
lowered voices,
knowing when silence means overwhelm, not refusal.
Sometimes progress is nothing visible at all,
just a child who feels a little safer today.

Medicine taught me structure.
Life taught me patience.

I've had to start over.
Carry the weight of plans that didn't work out.
Sit with doubt and decide to keep going anyway.
Resilience, I've learned,
isn't confidence.
It's returning quietly the next day.

In clinics and hallways,
I started paying attention to what's easy to miss.
A pause before a word,
eyes searching for reassurance,
the relief of being understood.
The nervous system stopped feeling abstract
and started feeling personal.
A fragile connection between a person and the world.

I've come to think impact isn't loud.
It lives in moments that won't be documented.
Staying a few minutes longer,
adjusting your tone,
being present
when it would be easier to leave.

And maybe that's enough.
To know that in moments no one else sees,
I was being trained
to show up when it matters.



Katsiaryna Milashevich is a third-year medical student at the New York Institute of Technology College of Osteopathic Medicine. She has spent several years working closely with children with neurodevelopmental disabilities and has gained experience in adult clinical care, shaping her interest in neurology. She writes from the perspective of a physician in training, informed by clinical work and medical education.

“

“Small Acts, Big Impact” reflects what my training in medicine has quietly taught me over time. Much of the work that matters most is easy to overlook, by others and by ourselves. I have learned that impact does not always arrive as a breakthrough or a visible success, but more often as presence during moments of uncertainty or vulnerability. The smallest choices, how long you stay, how carefully you listen, how steady you remain, shape how someone experiences a moment that feels overwhelming. These acts rarely feel important while you are doing them. Over time, they become the foundation of how you show up. This poem is about recognizing that growth happens quietly, and that care does not need to be dramatic to be meaningful. Sometimes, realizing that is enough.

”

Quiet Light

By: Michelle Zhang

I rest my hand on her frail arm,
a whisper of a voice, soft and warm.
I tuck her blanket, bring her tea,
set everything close within her reach.
Acts I once thought small,
now carry the weight of it all.

I stand beside her, still and near,
learning what it means to stay right there.
When medicine has reached its end,
presence becomes the way we care.

No cure comes, and words feel small.
In this dance of life and fragility,
every heartbeat echoes, reminding me
it is enough to simply be,
to hold space,
and let compassion speak.

Yet love flows steady and quiet.
A gentle smile. A patient gaze.
Small acts shine, leaving lasting rays.

The monitors hum, the nurses move,
but here, each moment gently proves
that being present is enough,
even when the days are rough.
A hand held.
A story acknowledged.
A moment of comfort in the fading day.

As light begins to fade from view,
these moments ripple quietly,
leaving warmth where grief will start,
a steady glow in tender hearts,
long after the day is gone.

“ —

This poem reflects my experience as a medical student on the oncology unit, where I have seen how small gestures can carry profound meaning. I have learned that simply being present can matter as much as any treatment. Handing over tissues, adjusting a blanket, offering a quiet word, or saying, “We are here for you,” can mean more than anything I could do medically. In moments of fragility and uncertainty, these small acts touch not only patients but also their families and caregivers around them. The poem captures the quiet power of bedside care, the gentle impact of compassion, and the lessons I will carry forward. It shows how humanism in medicine is expressed in everyday actions, often unnoticed but deeply meaningful. Small acts can leave lasting impressions that outlive the moment and remind me why I chose medicine: to care for people, not just their illnesses.



Michelle Zhang is a third year medical student at New York Institute of Technology College of Osteopathic Medicine with a strong passion for Internal Medicine. Before beginning medical school, she gained diverse clinical experience working as a patient care technician, medical scribe, and medical assistant. Michelle is dedicated to serving underserved communities, volunteering at the Community Free Clinic and various local food pantries to provide care and support to those in need.

EVERYTHING IS ACTUALLY TUBERCULOSIS

By: Mishal Rahman

As a first-year medical student,
In April of my second semester,
I watched the Sketchy on tuberculosis long before
it became a Step 1 contender.
Watching caseating granulomas,
cowboy hats, and tuberculin skin tests
Primary, secondary, and all of RIPE therapy.

Not because I wanted to study beforehand
Or be prepared,
But because I wanted to understand the disease
my grandpa shared.
On his tiny phone, we watched it together.
My grandpa repeated, "What is medicine if not
sunshine in this rainy weather?"

I remembered reading "Everything is Tuberculosis"
by John Green
When I was only seventeen
It sounded so absurd yet so profound
How John Green would come back, over and around
Always returning to the disease.

I felt like Green when I had to watch the Sketchy
again
this year as a second year for a school lecture,
like unfolding the curled corners of an old, kept
picture,
Only this time, by myself, with a new lens,
to learn what I had already seen happen to my
grandpa.

Watching caseating granulomas,
cowboy hats, and tuberculin skin tests
Primary, secondary, and all of RIPE therapy.
My grandpa's once-spoken words in my mind,
tethered,
"What is medicine if not sunshine in this rainy
weather?"

My grandpa's experience with TB
highlighted what medicine meant to me
Not merely triads of symptoms of a disease
But how patients feel, how to fill a cup to put someone
at ease.

The extension of scientific concepts
Into shared understanding and laughs.
For me, tuberculosis,
was once a list of symptoms,
Now it is intertwined with my grandpa's wisdom.

For me, tuberculosis,
Had always been a name before it evolved into a
Diagnosis.

As John Green said,
"Everything is tuberculosis."
For me, my grandpa was everything.
And everything was tuberculosis.

EVERYTHING IS ACTUALLY TUBERCULOSIS

By: Mishal Rahman



"Oftentimes, in medical education, the humanistic aspect of medicine becomes overwhelmed by the scientific features of a disease or illness. As a result, as medical students, we become very distracted with merely memorizing the highlights of diagnosis rather than the depth of illness in individual patients. As an aspiring physician, my experience with my grandfather and his tuberculosis diagnosis reinstated the intricate relationship between the scientific and social obligations that medicine entails. From small acts such as offering words of affirmation to providing my grandfather with his favorite drinks or snacks, I was able to offer a hand to hold onto and extend an ear to listen when my grandfather needed to express himself. Learning about tuberculosis, how it affects patients, and how it altered the course of my grandfather's life allowed me to become closer not only to him but also to medicine. As I held his hands and distracted him with tales of my adolescence, I understood that even simply acknowledging his experiences would provide a unique version of care. By further listening to patients, medical providers can begin to distinguish a name and a story from an MRN number, and a face starts to take precedence before a medical dilemma. Such ability encourages more meaningful conversations between patients and providers and facilitates an adequate social, cultural, and emotional response to severe illnesses for more personalized and integrated care."



Mishal Rahman is a second-year medical student at NYITCOM. In May of 2022, she graduated from CUNY Queens College, where she received a Bachelor of Arts in Biology. She also completed a minor in Anthropology and Health Sciences to further explore the history of human behavior both scientifically and socially. She is a first-generation immigrant from Pakistan; however, she has lived in Queens, New York City, her entire life. She is also an avid fantasy book reader, especially long series like The Lord of the Rings, Harry Potter, and Shadow and Bone, and she has always loved writing.

SAVED

By: Kriss Benito Arokiaraj

The Fall should have been the end
I tumbled through a dark eternity alone
Then the cold hard ground, my only friend
I prepared to bid farewell to the life I had known

But I was saved

Her elegant hands lifted me to my feet
I panicked at first but gave no resistance
The glow of her brilliant smile, I was too timid to meet
Her warm embrace brought life to my unworthy
existence

She saved me

She nursed my sickly being back to health
She sheltered and protected me until I was well
I didn't leave her side, her care my greatest wealth
How a being so noble and pure could exist, I could not tell

I was safe, until...

She asked me to do the unimaginable: fly
Fear of The Fall slipped back into my consciousness
I was scared, rushing back to her arms with every try
But her attention had turned me into something
marvelous...

I had wings

I felt a call from outside
This time I took a long last look at her beaming...
And beat my wings, searching for a wind to ride
I think about her face now, the one who brought about
my redeeming

I search for the familiar warmth of her eyes and hope I
wasn't dreaming



Kriss Benito Arokiaraj is a third year medical student at NYITCOM.

“

"Saved" describes the immensely profound impact a caregiver can have. Doctors, nurses, medical techs, PAs, NPs, EMTs, paramedics...medical professionals have the unique opportunity to serve as caregivers and provide an oftentimes intangible healing power to those they encounter in a healthcare setting. In this piece, we see how even small things, like a caregiver's smile, can subconsciously leave a lasting impact on an individual in their journey to healing. This piece also illustrates how seemingly "small" health related goals are sometimes the biggest of obstacles, making them seem nigh impossible to achieve, as if asking the person to fly. And yet, even in the face of such insurmountable fears and obstacles, the attention and healing provided by a caregiver can be a beacon of hope, a gentle tailwind, that leads someone to better health.

”

IN THE LANGUAGE THAT KEEPS THEM WHOLE

By: Vineet Vishwanath



I almost continue without one.
The nodding is convincing. The smiles
are polite.
I have learned how to mistake this for
understanding.
Efficiency rewards us for moving on.

Instead, I stop. I ask for an interpreter.

A voice enters the room through a small
speaker, calm and practiced,
unfamiliar yet immediately grounding.
The air changes. The patient sits
straighter,
as if permission has finally been granted
to exist fully here.

Their story unfolds at their own pace
now.
Pain acquires a timeline. Fear acquires
grammar.
Questions surface that were never going
to be asked in English.

Our medical plan changes almost
invisibly.
A detail corrected.
A symptom clarified.
What we treat becomes narrower,
and somehow, more right.

I realize how rarely we pause long
enough
to notice who we are leaving behind.
How often care advances while
understanding lags.

It took so little.
A pause. A phone call.
A willingness to slow down.

Yet the effect is unmistakable
The patient's shoulders lower.
They speak without apologizing for the
effort it takes to be heard.

A small act.
A shared understanding.
A dignity preserved.

A quiet insistence that no one be reduced
by the language they speak.

*"A small act such as pausing to request
an interpreter can transform an
encounter, allowing a patient's story to
be fully heard and their presence to
mean something more than it would in
a language that is unfamiliar to them.
This poem is inspired by a Thai speaking
patient of mine I had during my time
on the inpatient psych unit."*

STAYING

By: Vineet Vishwanath

By the time palliative care is consulted,
the room already knows the truth.
It hangs in the air,
settles into the chairs,
waits in the pauses between questions.

The team arrives without pomp.
No plan that will change the ending.
Just a chair pulled closer,
our badges turned sideways,
our phones silenced,
so we do not feel like an intrusion
when we lean in toward ears,
softened by time.

They ask what comes next.
We start with the known.
Less pain.
More honesty.
No one dying alone.
Unless they ask for it.

They then ask what comes next.
And we are left
with the great unknown.

This is care stripped of performance.
Of larger audiences. Of haste.
Of rehearsed optimism. Of frills.
Only the work of noticing
who is still here
inside the failing body.
The world continues to speak,
but more quietly now.

This is what remains
when medicine stops pretending
it has all the answers.

This is what medicine can be
when it offers presence,
the quietest,
and most potent medication we have.

"This piece focuses on death and dying from the lens of palliative and hospice care, where the smallest actions have lasting impacts on someone's last moments, and their loved ones who are present for such an important moment."

Vineet Vishwanath is a 4th Year Medical Student at NYITCOM Old Westbury. He is interested in pursuing a career in psychiatry, and is especially moved by moments where humanity is what remains in challenging clinical encounters where medication therapy only goes so far.





— PHOTOGRAPHY —

ROCK STEADY!

BY: ANNA DO

Rock Steady!

Anna Do



"I'm really glad you're here."

Every week, the members of Rock Steady Boxing, an organization built to support individuals living with Parkinson's Disease, show up. Despite their aching joints and tremors, they come together to fight for their health and support one another. Strength looks like walking an extra lap even though your legs may be tired, like smiling after a difficult circuit, like getting a quiet pat on the back for giving it your all today. Their commitment to showing up for themselves is proof of that strength. It is what inspires me to go another round with them every week.

"I'm really happy to be here."

"The members of Rock Steady Boxing quickly turned my volunteering experience into a display of consistency and trust on a two-way street. Small shared moments such as laughter, words of encouragement, and celebrations after difficult training circuits have further deepened our connection. As the members began to share their worries and internal struggles with me, I realized how much being present mattered. They often thanked me for returning each week, and I realized that the simple act of showing up made them feel seen, supported, and valued. Similarly, I've been able to watch the members grow and show up for themselves, displaying incredible resilience in the face of adversity that is Parkinson's disease. I love being a part of their growth and progress, as both a future medical professional and a shoulder for them to lean on."



Anna Do is a second year medical student at NYITCOM. She is actively involved in community service and volunteers with Rock Steady Boxing, supporting individuals living with Parkinson's disease. Her interests center around wanting to provide patient-centered care and humanism in medicine.

Holding Hope

By: June Dunwald

June Dunwald is a medical student and Arkansas Air National Guard officer whose commitment to service spans rural mobile clinics, food banks, and community outreach programs across Arkansas, as well as frontline humanitarian care provided to more than 57,000 Afghan refugees during Operation Allies Refuge. As class president, a two-time Student Representative of the Year, and a national leader with the AOA Bureau of Emerging Leaders, she has strengthened student advocacy and advanced academic policy. Her work as a Congressional Health Policy Fellow—focused on food insecurity and rural health disparities—reflects her dedication to pairing compassionate, patient-centered care with meaningful system-level change. June is passionate about humanism in medicine and strives to lead with empathy, service, and advocacy in every community she serves.



During the Operation Afghan Allies refuge, I held and fed an infant so his exhausted mother could rest. A small gesture in the middle of chaos and 112-degree heat. What felt like a simple act created a moment of relief, safety, and dignity for a family who had lost so much. Service isn't always heroic or grand; sometimes it's the willingness to step in quietly when someone needs support. Small acts like this don't change the world all at once, but they change the world for someone, and that impact matters. This experience deepened my commitment to serving others with empathy, presence, and humanity. Even small acts of kindness can create steady ripples of comfort, connection, and healing.

RAINBOW FISH

By: Lauren Rudin



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As an Academic Medicine Scholar on the teaching track, I spent countless hours in the OMM lab with preclinical students and faculty. Walking into the lab, you're usually met with a sea of black, navy, and maroon scrubs, with the occasional touch of Patagonia grey. Every now and then, a splash of color stands out like a bright fish in otherwise dark waters. This past year, that dazzling fish was me, often wearing a colorful sweatshirt with a positive message and colorful, animated socks each day. Faculty and students often stopped me to comment not just on my fashion, but on the positivity I brought to the room. Small gestures, like sharing a cheerful message or a bright color, gradually shaped the energy of the small groups I engaged with in the lab. Over time, that brightness became a reflection of my confidence and personality as a teacher. It reminded me that even small acts—a smile, a word, a colorful sweatshirt—can leave a lasting impact on those around you.

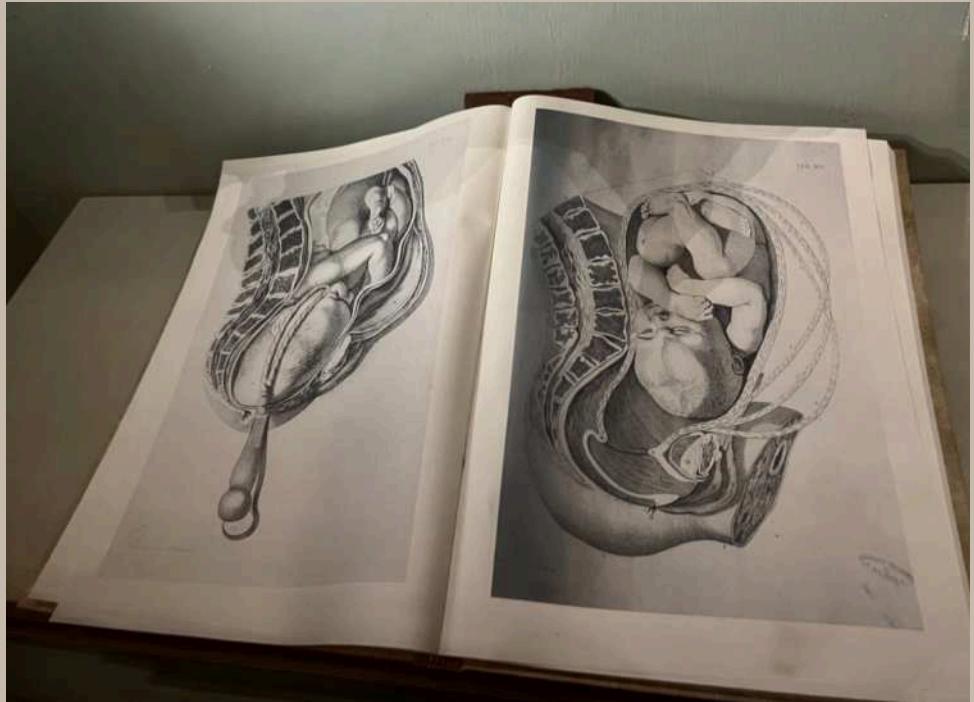


Lauren Rudin is a third-year medical student at NYITCOM-Old Westbury and Academic Medicine Scholar graduating with the Class of 2027. Lauren graduated from the University of Connecticut Bachelor of Science in Exercise Science in 2022, where she took her first photography class and began engaging in such creative endeavors.

The Art of Teaching

By: Mahak Sharma

Mahak Sharma is a second year medical student with a strong interest in the history of medicine and in developing a global perspective on healthcare. Her academic curiosity has been shaped by international study experiences, including an anatomy and medical history program in Italy and, more recently, participation in the Edward Guiliano Fellowship in Greece. She currently serves as President of the Dermatology Interest Group, Vice President of the Medical Research Association, and Co-Community Outreach Director for SOMA. Through these leadership roles, she is committed to promoting student involvement in research and fostering a culture of volunteerism and philanthropy. She is deeply appreciative of the opportunities she has received, and is grateful to be part of the NYIT College of Osteopathic Medicine community.



“

I had the privilege of traveling to Italy to study the early history of anatomy and medicine. During this trip, we visited several museums that preserved the scientific and artistic foundations of modern medical education. This image of detailed anatomical drawings of a developing fetus stood out to me as a reflection of the theme “Small Acts, Big Impact.” The illustrations represent hours of careful observation by early anatomists who sought to understand the human body with accuracy and respect. These early efforts shaped how generations of physicians would learn, diagnose, and care for patients. The impact of such work continues today in every anatomy lab and clinical decision. Humanism in medicine is rooted in this same respect for the human body and the responsibility to learn for the benefit of others. It reflects the spirit of the Hippocratic Oath, to serve humanity, to do no harm, and to pass knowledge forward to the next generation of physicians. It reminds us that the privilege of becoming a physician is built on the persistent efforts of those who came before us.





QUIET COMPASSION

By: Sukriti Das



As a medical student at NYITCOM, I am learning that healing extends beyond diagnosis and treatment. Osteopathic medicine teaches us to care for the whole person—mind, body, and spirit—and to recognize that presence itself can be therapeutic. In moments that feel like winter—when uncertainty, discomfort, or fear set in—it is often the smallest acts that matter most. A steady presence, a gentle touch, or simply staying a moment longer can be like warmth offered against the cold. This image reflects my growing understanding that even small acts of compassion can help restore comfort, trust, and humanity in care.



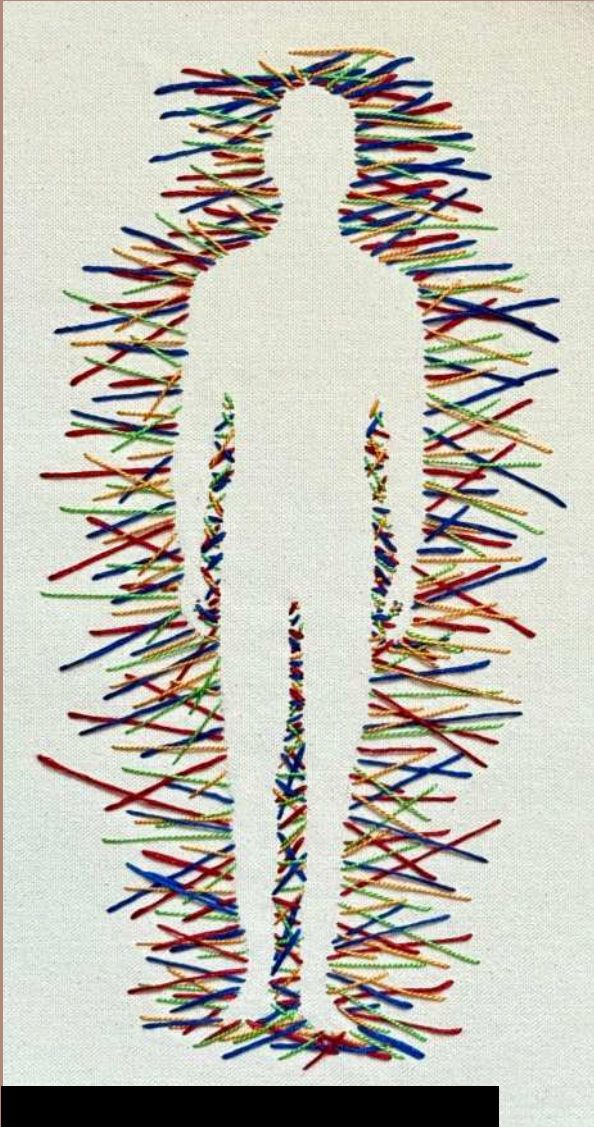
Sukriti Das, OMS-II, is a medical student at the New York Institute of Technology College of Osteopathic Medicine (NYITCOM), with prior clinical experience in Kolkata, India, where she practiced medicine for five years before transitioning to medical education in the United States. Her work and interests center on patient-centered care, osteopathic principles, community health, and movement-based therapeutic programs such as Rock Steady Boxing for individuals living with Parkinson's disease. She is actively engaged in academic, volunteer, and interdisciplinary initiatives that integrate compassion, functional wellness, and evidence-informed care to support patients, families, and communities.

A R T



Invisible String

By: Adil Ansari



"This embroidery piece uses negative space to form the silhouette of a human figure, shaped not by what is present, but by the threads that surround it. Each stitch represents a brief interaction, shared moment, or quiet act of connection, especially those that occur rapidly and often unnoticed in medicine. Individually, these encounters may seem small, but collectively they define who we become, much like the accumulation of threads gives the figure its form. In clinical spaces, a kind word, attentive listening, or simple presence can leave an imprint far greater than the moment itself. These small acts shape not only our patients, but also ourselves as caregivers and humans. Over time, these interactions weave into our identities, influencing how we move forward in both medicine and life. Even after moments pass, their impact lingers, creating meaning that extends beyond the immediate encounter. In this way, the piece reflects how small acts carry a lasting weight, leaving behind a legacy of connection that endures well beyond our mortal lives."

Adil Ansari is a third year medical student who obtained his undergraduate degree at Queens College, double majoring in Biology and Fine Arts with a minor in Chemistry. In my art I like to explore the dichotomy between science and art and find novel connections with the use of interesting techniques.



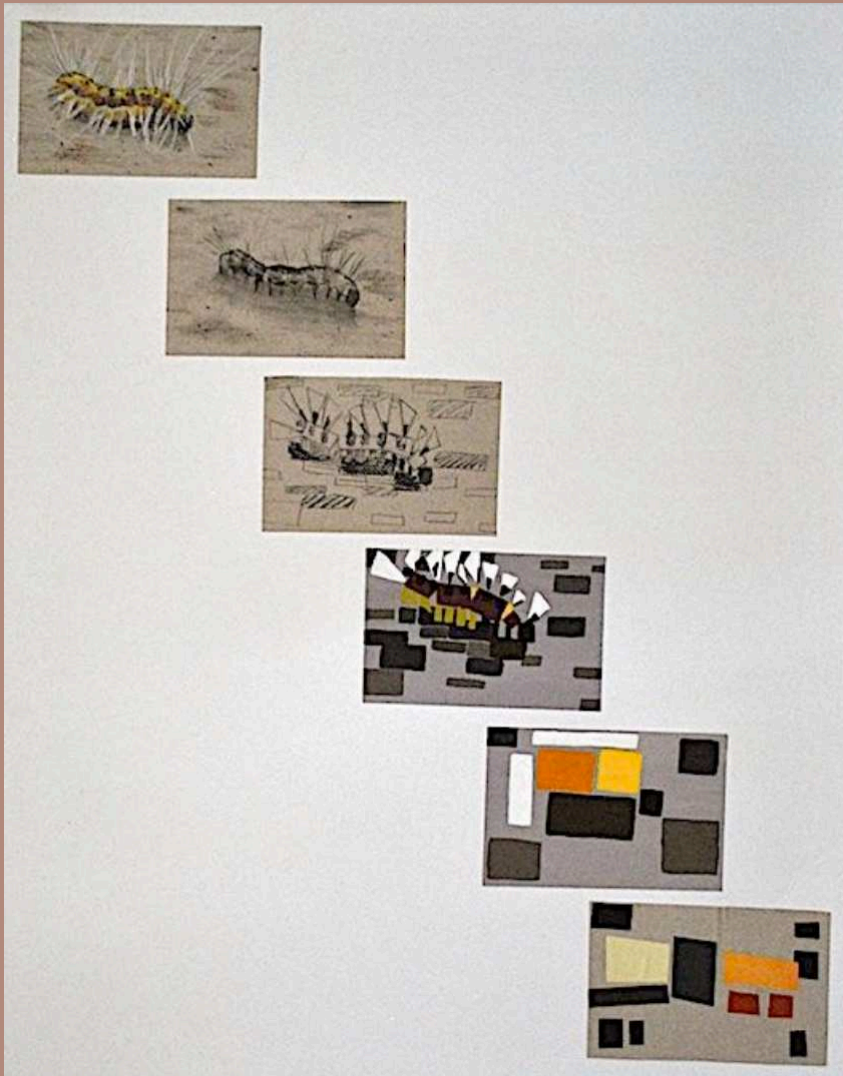
CHANGE

BY: CAROLINE WANG



Caroline Wang is a first-year osteopathic medical student at NYITCOM in Old Westbury, NY. She grew up in Maryland and completed her undergraduate degree in Biochemistry and Molecular Biology from Clark University in Massachusetts. Caroline is an artist with a passion for illustrating life around her. She currently serves as the first-year representative for NYITCOM's ARTery club. In addition to her academic and artistic pursuits, Caroline enjoys playing soccer, running, and spending time with her dogs.

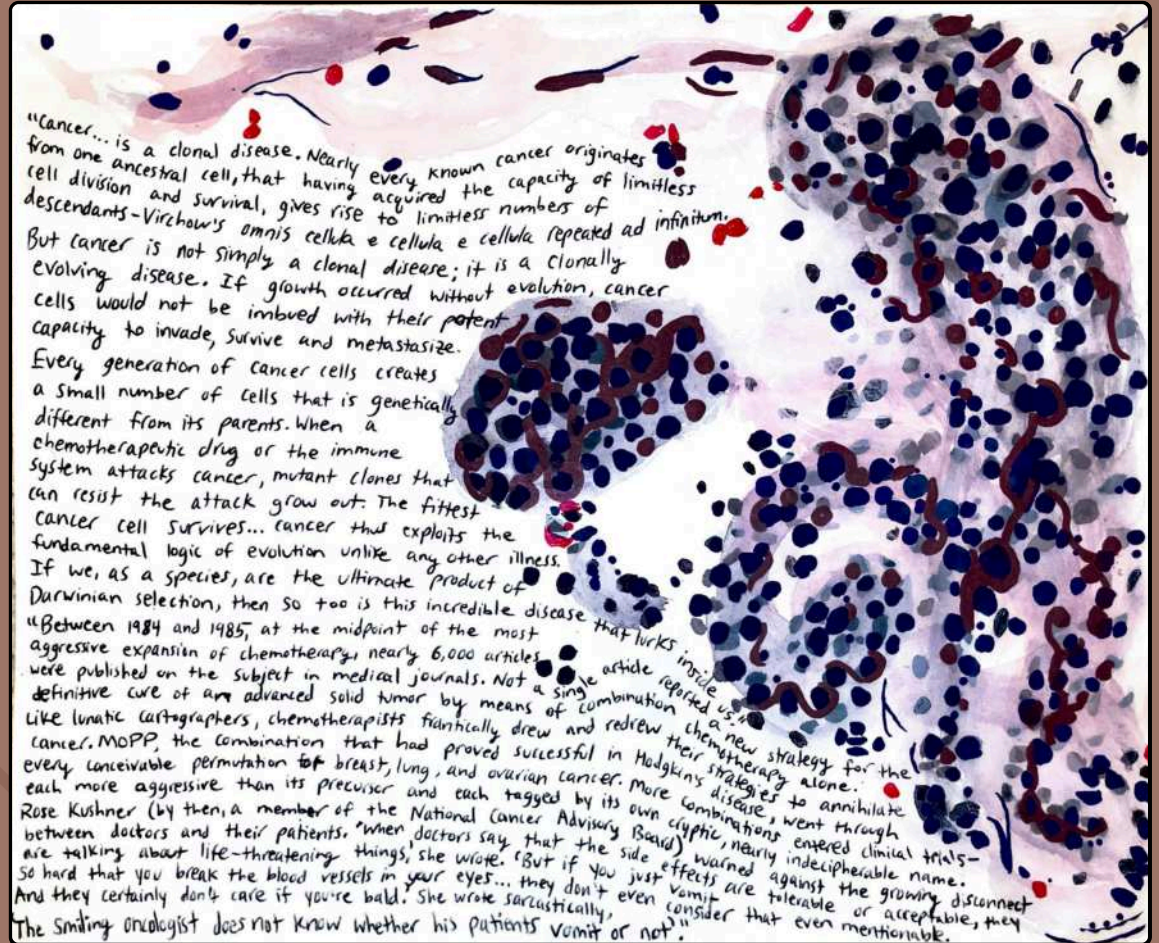
"I was inspired by the artist Theo van Doesburg for his painting 'Composition VIII: The Cow.'" My artwork consists of six small pieces, each representing a minor, yet foundational framework from the previous one as you look down the line. These small acts of change, such as the shifts in lines or the integration of different mediums, accumulate across this series to create a big impact: a complete transformation of the original subject. This process illustrates how thoughtful attention, especially in medicine, can lead to powerful change. The final interpretation of the transformed image, however, I leave up to the viewer."



EVOLVE

By: Megha Schmalzle

Megha Schmalzle is a third year medical student who spent the duration of 2025 conducting clinical oncology research and interacting with many cancer patients while earning a Masters in Academic Medicine. She plans on pursuing a career in internal medicine with interest in palliative care, and thus wanted to create an art piece that reflects a commitment to humanistic medicine and narrative-based understanding of illness.



"This is an abstract rendition of a metastatic ampullary carcinoma alongside passages from "The Emperor of All Maladies" by Siddhartha Mukherjee. Cancer is a clonal disease that originates from a single cell, which grows and mutates until it becomes millions of cells forming an invasive tumor. In the small moment that a doctor diagnoses a tumor and tells the patient "you have cancer," that person's life changes permanently. Patients are promptly inundated with treatment plans typically involving some combination of surgery, chemotherapy, radiation, or endocrine therapy. They face intense adverse effects that prevent them from going to work and sometimes unable to rise out of bed. They place trust in their physicians, hoping to be cured or maybe for

the chance to see another year. Through my involvement in clinical oncology research this past year, I have witnessed how patients seek relief in small ways—asking for help with dry mouth, nocturia, skin rashes, or reassurance when they ask, "What would you do if you were me?" In these moments, physicians have the opportunity to make a big impact by listening fully and addressing fears that may seem minor but feel overwhelming to the patient. Over time, oncologists may become desensitized to these experiences, focusing more on survival metrics than the patient's fear about surviving the day. This piece serves as a reminder that attentive care in small moments can shape a patient's entire experience of living with cancer."

ONE LITTLE MESSAGE

BY: SAMARAH AHMED

"Hard times come in many guises, all with the throughline that they can easily become isolating. It is so easy to become lost in oneself, to lose track of what grounds us when one's own world starts to feel like it is unraveling. But even in those times, the smallest of acts can be grounding."

For me, these small acts came in the form of little messages—a well-timed text or a quick voicemail—and my favorite of them all was a sticky note left on the counter. Those notes served as little reminders that even though I felt isolated and confused, there were still people in my life, even if they weren't always physically present. It was a reminder that they existed—that they cared.

I aimed to emulate that comforting presence in this piece: the dark, chaotic, unfinished lines encroach on the soft colors and light, yet that light persists, anchored by a "little message." Although one tiny sticky note cannot solve any problems, it has more impact than its writer will ever truly appreciate. For the recipient, that little message is irrefutable proof that they are never as lost as the pain may make them feel."



Samarah Ahmed is a first-year medical student at New York Institute of Technology College of Osteopathic Medicine. Born in Stony Brook, New York, she studied at New York University and majored in Neuroscience with a minor in psychology. Samarah has been involved in various research topics including suicide ideation and anxiety in first responders with PTSD and the long term neurological effects of COVID-19. Throughout her academic career she has maintained a strong interest in improving communication and empathy between patients and their healthcare team, which has included finding ways to incorporate art into the portrayal of science to various audiences.



RED MITTEN

By: Nisansa Perera



Nisansa Perera is a second-year medical student at NYITCOM, who is originally from Connecticut. She is particularly interested in the intersection between the arts and medicine. Art has long been an important outlet for her to explore ideas in personal and expressive ways. Through her work, she tries to highlight themes such as humanity and compassion, which are essential in both patient care and daily life. These values continue to shape her artistic practice as well as her developing identity as a future physician.

"This artwork, 'Red Mitten' reflects my own appreciation for small acts of kindness. It displays a moment of compassion as a red mitten is offered to an elderly man sitting alone on a bench. The vivid red mitten stands out against the more muted background, symbolizing how even a simple gesture can bring warmth to someone's day. The man's expression is intentionally quiet and heavy, hinting at the kind of sadness that often goes unnoticed. The stranger handing him the red mitten does so in an attempt to remind him that he is deserving of comfort, acknowledgement, and compassion. By highlighting an ordinary yet heartfelt exchange, this piece emphasizes that meaningful impacts do not have to stem from grand actions. Instead, they often stem from simple, human moments."

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